START OF RETAKE SECTION

THIS RETAKE SECTION CONTAINS MICRO-PHOTOGRAPHS OF RECORDS WHICH WERE OMITTED OR INADEQUATELY REPRODUCED ON THE ORIGINAL MICROFILM REEL.

8920004852

FOR A DESCRIPTION OF THE FILES AFFECTED BY THESE RETAKES, SEE THE OPERATOR'S RETAKE REPORT AT THE END OF THIS RETAKE SECTION.

STATE OF MARYLAND

HR-RM 30
(4 - 1 - 54)
Hall of Records Commission

1892 = 1

RETURN OF A BIRTH.

A 36539

CERTIFICATE CORRECTED 2-9-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Louis Bernhard Kraft

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex (state whether male or female)* Male
3. *Race or Color (if not of the white race)* White
4. *Date of Birth* January 8th 1892
5. *Place of Birth (Street and Number)* # 1161 Ridgely
6. *Full Name of Mother* ~~Emma B. Ward~~ Anna (~~Emma B.~~) Kraft
7. *Mother's Maiden Name* Anna (~~Emma B.~~) Ward
8. *Mother's Birthplace* Balto city
9. *Full Name of Father* Louis F. Kraft
10. *Father's Occupation* Wagoner
11. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. E. Michaux Jr M.D.

Address 526 S. Sharp st

Remarks

8 9 2 0 0 0 0 0 0 1

HEALTH DEPARTMENT BALTIMORE CITY JAN 12 1892

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 36640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th 1892
4. Place of Birth, (Street and Number) 6 W 1st St.
5. Full Name of Mother, Nellie P. Tunstall.
6. Mother's Maiden Name, Nellie P. Taylor.
7. Mother's Birthplace, Clarke Co — Va.
8. Full Name of Father, Mr Wm. B. Tunstall
9. Father's Occupation, Tobacco Broker
10. Father's Birthplace, Norfolk — Va

Name of Medical Attendant, or other person who makes this Return. Robt T. Wilson M.D.

Address, 820 Park ave

Remarks, Full name of child 1892 William Brooke Tunstall Jr.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CITIZEN NAME ADDED. 11-29-53

RETURN OF A BIRTH.

36541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irwin Robert Llewellyn Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 92.
4. Place of Birth, (Street and Number) 219 N. Poppleton St
5. Full Name of Mother, Sarah E. Llewellyn
6. Mother's Maiden Name, Sarah E. Taylor
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thos. W. Llewellyn
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Harpers Ferry Va.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohler. M.D.

Address, 1703 West Fayette St

Remarks, 18920000003

CITY OF BALTIMORE 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18 - 1892
4. *Place of Birth, (Street and Number)* 417 Bond st
5. *Full Name of Mother,* Louise Bunyak
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wlad Bunyak
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah T Harrington

Address, No 524 Bond st

Remarks, 1 8 9 2 0 0 0 0 0 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36543.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th 1892,
4. Place of Birth, (Street and Number) 914 East Pratt St
5. Full Name of Mother, Caroline Silverwood
6. Mother's Maiden Name, Caroline Uttermohle,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, John Silverwood,
9. Father's Occupation, Coal Dealer,
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return. John Morris, M.D.

Address, 118 E. Franklin St

Remarks, 1 8 9 2 0 0 0 0 0 5

CITY OF BALTIMORE 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. The manner in which within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 365 44.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9 th 1892
4. Place of Birth, (Street and Number) 1736 E Charles St
5. Full Name of Mother, Ida M Brooks
6. Mother's Maiden Name, Ida M Johnson
7. Mother's Birthplace, Talbott Co Md
8. Full Name of Father, Sydney W Brooks
9. Father's Occupation, Shoe maker W Va
10. Father's Birthplace, Harpers Ferry

Name of Medical Attendant, or other person who makes this Return, E A Tully

Address, 1528 Light St

Remarks, 8 9 2 0 0 0 0 0 0 6 Doing Well

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 36545

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5
2. *Sex (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* Saturday 7 o'clock PM Jan 7th 1882
5. *Place of Birth, (Street and Number)* Baltimore city
6. *Full Name of Mother* Mary Hayes
7. *Mother's Maiden Name* Mary Stanton
8. *Mother's Birthplace* Baltimore City
9. *Father's Occupation* Carriage on Green line
10. *Father's Birthplace* Ball city
11. *Name of Medical Attendant, or other Person who makes this Return.* J. E. Richard M.D
12. *Address* 1010 Chesapeake St
13. *Remarks* Sick and [illegible] Baltimore Child and Should Long well

8920000007

JAN 1882

HEALTH CITY OF BALTIMORE

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 36346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) colored

3. Date of Birth, Saturday Jan. 9th

4. Place of Birth, (Street and Number) 230 Chestnut Street

5. Full Name of Mother, Louis Lawson

6. Mother's Maiden Name, Louise Price

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Lawson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 117 Chestnut street

Remarks, well & 9 & 2 0 0 0 0 0 0 8

CITY OF BALTIMORE

HEALTH

Act of 1898, Chapter 123. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, at the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter. In case the birth of any child shall occur without the attendance of a physician or person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, which fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance; upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are by law recoverable. [illegible] shall keep a true and correct [illegible] furnished by the Commissioner of [illegible] or her care during the [illegible] and the [illegible] of birth; and the [illegible] first and [illegible] birth of any child [illegible] duty of the person or parents of such [illegible] above required, and [illegible] of this section shall be sub- [illegible] forfeitures are recoverable.

HEALTH DEPARTMENT CITY OF BALTIMORE JAN 2 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan. 9, 1892
5. *Place of Birth, (Street and Number)* 1113 N. Franklin St.
6. *Full Name of Mother,* Helen J. Cann
7. *Mother's Maiden Name,* Helen J. Price
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Howard Cann
10. *Father's Occupation,* Upholsterer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. A. Wright M.D.

Address, 220 N. Gilmor St

Remarks, 8 9 2 0 0 0 0 0 0 9

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-10-56

A 36548.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Pearl Adele ~~Louise~~ Barns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female)	~~White~~ Female
2. Race or Color, (if not of the white race)	White — —
3. Date of Birth	January 9th 1892.
4. Place of Birth, (Street and Number)	808. Luisa Ann st.
5. Full Name of Mother	Julie Barns. — —
6. Mother's Maiden Name	Julie Long — —
7. Mother's Birthplace	Baltimore — —
8. Full Name of Father	Jacob Barns.
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	415. South Ann st
Remarks	1892 0000010

JAN 1892 BALTIMORE MD. CITY HEALTH

...the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

36549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race)
3. Date of Birth, January 10. 92
4. Place of Birth, (Street and Number) 514 W Fayette St
5. Full Name of Mother, Amelia Workmeister
6. Mother's Maiden Name, " Richy
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Workmeister
9. Father's Occupation, ~~Brewer~~ Brewers Clerk
10. Father's Birthplace, Bremen

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 100 Druid Mountain Ave

Remarks,

8 9 2 0 0 0 0 0 1 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race)
4. Date of Birth, Jan 10 1892
5. Place of Birth, (Street and Number) 1275 William st
6. Full Name of Mother, Doretta Dauer
7. Mother's Maiden Name, Gumpert
8. Mother's Birthplace, America
9. Full Name of Father, John Dauer
10. Father's Occupation, Cloth cutter
11. Father's Birthplace, America
12. Name of Medical Attendant, or other person who makes this Return. H. Lehwasser midwife
13. Address, 1032 Hanover st.
14. Remarks,

8920000012

CITY OF BALTIMORE

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the child of which a return is required shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

RETURN OF A BIRTH

36551.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	white
Date of Birth,	January 10th 3 a m 1892
Place of Birth, (Street and Number)	31 h Selma st
Full Name of Mother,	Cate Cahill
Mother's Maiden Name,	Kate Tayorona
Mother's Birthplace,	Woodstown N Jersey
Full Name of Father,	Peter. L Tayorona
Father's Occupation,	Manufacturer
Father's Birthplace,	Shreveport La
Name of Medical Attendant, or other Person who makes this Return.	A A Sartoris M D
Address,	
Remarks,	8920000013

JAN 23 1892
HEALTH CITY OF BALTIMORE

The full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, the parents or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person, householder, and any such person report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JAN 4 1892

RETURN OF A BIRTH

3655 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 10th 1892
4. *Place of Birth, (Street and Number)*	1111 Argyle ave
5. *Full Name of Mother,*	Annie H. Kroll
6. *Mother's Maiden Name,*	" " Groin
7. *Mother's Birthplace,*	B. City
8. *Full Name of Father,*	Frank H. Kroll
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Harvey Hill M.D
Address,	807 N. Arlington ave
Remarks,	8920000014

J. C. SULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 10-10-56

RETURN OF A BIRTH 36553.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Jessie Leola Fowler
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan' 10th 1892
4. Place of Birth, (Street and Number)	39 Gleanry Ave
5. Full Name of Mother,	Sadie Fowler
6. Mother's Maiden Name,	Sadie Williams
7. Mother's Birthplace,	Back Md
8. Full Name of Father,	Harry M. Fowler
9. Father's Occupation,	Mechanic
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	J. O. Shinner M.D.
Address,	
Remarks,	

1892 JAN 25 CITY

1892 0000015

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as the case may be, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th 1892
4. Place of Birth, (Street and Number) 210 E Barney St
5. Full Name of Mother, Annie Alice Berly
6. Mother's Maiden Name, Annie Alice Eyler
7. Mother's Birthplace, Frederick Co Md
8. Full Name of Father, Samuel David Berly
9. Father's Occupation, Fireman B&O
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address, 1828 Light St

Remarks, Dairy Well

8 9 2 0 0 0 0 0 1 6

CITY OF BALTIMORE HEALTH

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36155.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 1902
4. Place of Birth, (Street and Number) 216 Aisquith Street
5. Full Name of Mother, Annie Cobb
6. Mother's Maiden Name, Annie Klick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jos Cobb
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Asst E Smales

Address, 21 N Dodson Park Ave

Remarks,

8920000017

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or person in attendance, at the office of the Commissioner of Health, within the period above required, and third day of each and every month to the office of the Commissioner of Health, in accordance with the provisions of this section shall be subshall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the midwife or person in attendance child to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH 36536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 10, 1892
4. *Place of Birth, (Street and Number)* 758 Wiseche St
5. *Full Name of Mother,* Delia R. Sewell
6. *Mother's Maiden Name,* Delia R. Sewell
7. *Mother's Birthplace,* St Marys Co. Md.
8. *Full Name of Father,* John F. Sewell
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* St Marys Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King street

Remarks, Mother and child Doing well as can be expected

CITY OF BALTIMORE 1892

8920000018

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

3655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 10th 1892
5. Place of Birth, (Street and Number) 166 N. West St
6. Full Name of Mother, Magdelina Lackner
7. Mother's Maiden Name, Magdelina Edwards
8. Mother's Birthplace, Baltimore md
9. Full Name of Father, John C. Lackner
10. Father's Occupation, Segar Maker
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return, Ellenora A. anderson
13. Address, 1434 Patapsco St
14. Remarks,

8920000019

RECEIVED JAN 12 1892 REGISTRAR'S OFFICE CITY OF BALTIMORE

Name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	January 10
4.	*Place of Birth, (Street and Number)*	1722 Mullikin St
5.	*Full Name of Mother,*	Mary Watts
6.	*Mother's Maiden Name,*	Mary Emens
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Alfred Watts.
9.	*Father's Occupation,*	Seamster
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mary Walton
	Address,	428 N. Bond St
	Remarks,	

1892 0000020

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 2 th 1899
4.	*Place of Birth, (Street and Number)*	Baltimore 509 Wyeth st
5.	*Full Name of Mother,*	Celia Stoffel
6.	*Mother's Maiden Name,*	Celia Lowe
7.	*Mother's Birthplace,*	Washington
8.	*Full Name of Father,*	Henry J. Stoffel Jr.
9.	*Father's Occupation,*	Hucster
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
	Address,	1116 Broad Street
	Remarks,	

8920000021

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-13-49

RETURN OF A BIRTH. A 36560.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christian ~~Martin~~ Belker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, on third Jan.
4. Place of Birth, (Street and Number) 1247 Sargent st
5. Full Name of Mother, Elizabeth (E Lizabeth) Belker
6. Mother's Maiden Name, (E Lizabeth) Eisler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. M. Belker
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross st.

Remarks,

1 8 9 2 U 0 0 0 0 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jany 4th. 92

4. *Place of Birth, (Street and Number)* 1761 North ave

5. *Full Name of Mother,* Mary Page Colony

6. *Mother's Maiden Name,* Mary Page Foster

7. *Mother's Birthplace,* Dawers Mass

8. *Full Name of Father,* Llewellyn Eugene Colony

9. *Father's Occupation,* Shoe manufact

10. *Father's Birthplace,* Buckfield Maine

Name of Medical Attendant, or other person who makes this Return. R G Dawes md

Address, 1507 N Caroline St Balto md

Remarks,

8920000023

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 5, 1892
4. *Place of Birth, (Street and Number)* Balto Md 1126 Eastern Ave
5. *Full Name of Mother,* Mrs. Gertrude Schaumloffel
6. *Mother's Maiden Name,* Gertrude Talouse
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Daniel Schaumloffel
9. *Father's Occupation,* Glass Worker
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross Street

Remarks,

1 8 9 2 0 0 0 0 0 2 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36563.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight 8 Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Th of Jan 1892
4. Place of Birth, (Street and Number) 818 St Peter St
5. Full Name of Mother, Amanda E. Burger
6. Mother's Maiden Name, Amanda E. Mikter
7. Mother's Birthplace, Rockland Balto. Co. Md
8. Full Name of Father, Joseph G. Burger
9. Father's Occupation, Expressman
10. Father's Birthplace, York Penn

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Conn Street

Remarks, 1892000025

month, and shall set forth as far as the same can be ascertained the name, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter if she shall occur without the attendance of a physician or practitioner, to the office of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 365 bt.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. d.
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	January 5. 4
4.	*Place of Birth, (Street and Number)*	107 S. Cary St.
5.	*Full Name of Mother,*	Carrie Schlecker
6.	*Mother's Maiden Name,*	Carrie Miller
7.	*Mother's Birthplace,*	Newark. N. J.
8.	*Full Name of Father,*	Gustave Schlecker
9.	*Father's Occupation,*	Corset Cutter
10.	*Father's Birthplace,*	Hanau a/m. Germany.
	Name of Medical Attendant, or other person who makes this Return.	Wm. Bauer
	Address,	711 Cross Street
	Remarks,	1892000026

been conferred) its sex, color, the full name and occupation of the parents, if the same can be ascertained, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person in attendance upon the mother, immediately thereafter, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 7 / 92
4. Place of Birth, (Street and Number) 1222 W. Cross Str. City
5. Full Name of Mother, Marie Schäfer
6. Mother's Maiden Name, Marie Raisand
7. Mother's Birthplace, Fechenheim bei Frankfurt a/M. Germany
8. Full Name of Father, Lorenz Schäfer
9. Father's Occupation, Locksmith
10. Father's Birthplace, Frankfurt a/M. Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Cross Street

Remarks,

1892 0 0 0 0 0 2 7

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One. First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 8th 1892
4.	*Place of Birth, (Street and Number)*	913 N. Mulberry st.
5.	*Full Name of Mother,*	Margaret Langgood
6.	*Mother's Maiden Name,*	Margaret Scherle
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John G. Langgood
9.	*Father's Occupation,*	Tonsorial Artist
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Bangle
	Address,	1 Mulberry St.
	Remarks,	18920000028

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to be between the first and third day of each and every month to the office of the Commissioner of Health. In the birth of any child shall occur without the attendance of a physician or practitioner in medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY C... 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (~~state whether male or~~ female)	
2. Race or Color, (~~if not of the~~ white race)	
3. Date of Birth,	Jan'y 10th 1892
4. Place of Birth, (Street and Number)	623 Schroeder st
5. Full Name of Mother,	Bertie Hammond
6. Mother's Maiden Name,	" Primrose
7. Mother's Birthplace,	Va
8. Full Name of Father,	Walter G Hammond
9. Father's Occupation,	Produce Dealer
10. Father's Birthplace,	Balto city
Name of Medical Attendant, or other person who makes this Return.	S. Ridgway Andrel M.D.
Address,	1123 E Baltor st
Remarks,	

1 8920000029

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-18-37

RETURN OF A BIRTH. 36768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nina Adelaid Roy — First.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10. 1892
4. *Place of Birth, (Street and Number)* 848 Lexington St (west)
5. *Full Name of Mother,* Mollie Roy Frederick
6. *Mother's Maiden Name,* Mollie
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Harry H Roy.
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Geo E Thomas M.D.

Address, 1442 Aisquith St

Remarks,

8 9 2 0 0 0 0 0 3 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10 1899
4. Place of Birth, (Street and Number) Garrett Av 1339
5. Full Name of Mother, Caroline Kelsall
6. Mother's Maiden Name, Mc Pherson
7. Mother's Birthplace, Brooklyn Md
8. Full Name of Father, Joseph Kelsall
9. Father's Occupation, Grain trimmer
10. Father's Birthplace, Manchester England

Name of Medical Attendant, or other person who makes this Return, Johanna Jonski

Address, Garrett Av 1365
Locust Point

Remarks,

1892000031

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh (11th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 10th 1892
4. *Place of Birth, (Street and Number)* 139 N. Front St
5. *Full Name of Mother,* Rose E. Vicari
6. *Mother's Maiden Name,* Rose E Jackson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Vicari
9. *Father's Occupation,* Fruit Merchant
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Caroline Patison

Address, 117 Chestnut St

Remarks, as well as may be expected

+ 0920000032

month, and shall set forth as far as the same can be ... been conferred) its sex, color, the full name and occu... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician ... attendance upon the mother immediately thereafter it shall be ... child to report its birth to the Commissioner of Health. The mi... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed (with the Christian and surname of the person giving the same) in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th 1892
4. *Place of Birth, (Street and Number)*	11 Heath St
5. *Full Name of Mother,*	Kate McNally
6. *Mother's Maiden Name,*	Kate Ickel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jamis McNally
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Catherine Hannany
Address,	No 15-17 Byrd St
Remarks,	

1892 0 0 0 0 0 0 3 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 colord
1. *Sex, (state whether male or female)*	femail
2. *Race or Color, (if not of the white race)*	colord
3. *Date of Birth,*	January 10 1892
4. *Place of Birth, (Street and Number)*	union St S 10
5. *Full Name of Mother,*	Josephine Gipson
6. *Mother's Maiden Name,*	Josephine holmes
7. *Mother's Birthplace,*	annapolis MD
8. *Full Name of Father,*	Richard holmes
9. *Father's Occupation,*	Maler
10. *Father's Birthplace,*	Baldimore MD
Name of Medical Attendant, or other person who makes this Return.	Mary an Mason
Address,	S 37 Walnut ally
Remarks,	8 9 2 U 0 0 0 0 3 4

month, and shall set forth as far as the same [illegible] full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child born
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Dark brown stem
3. *Date of Birth,*	Jan 10 th 1892
4. *Place of Birth, (Street and Number)*	532 W Hoffman st
5. *Full Name of Mother,*	Alice Lenden
6. *Mother's Maiden Name,*	Alice Bulette
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John W. Lenden
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Thomas Scholle
Address,	642 Jasper st
Remarks,	Midwife

8 9 2 U 0 0 0 0 3 5

Health. This schedule shall contain a list of the births which ha[illegible] occurred under his or her care during the month, and shall set forth as far as the same can be ascertained [illegible] been conferred) its sex, color, the full name and occupation of its [illegible] name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form [illegible] ts, the date and place of birth, and the third day of each and every month to the office of the [illegible] of a certificate between the first and shall occur without the attendance of a physician or [illegible] Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 11th 1892
4. Place of Birth, (Street and Number) 2030 Keyser
5. Full Name of Mother, Almira D. Brown
6. Mother's Maiden Name, " " Norfolk
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo. Wm. Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M.D.

Address, 1201 N. Eden st.

Remarks, 1892000036

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Female 6 child
2. *Sex, (state whether male or female)*
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* 11 January 1891
5. *Place of Birth, (Street and Number)* 1751 East Baugh Street
6. *Full Name of Mother,* Lizzie Meier.
7. *Mother's Maiden Name,* Adamowicz
8. *Mother's Birthplace,* Baltimore
9. *Father's Occupation,* John Meier.
10. *Father's Birthplace,* Laborer
    Name of Medical Attendant, or other person who makes this Return. Dr. Wicke
    Address, #114 South Bond Street
    Remarks,

18920000037

CITY OF BALTIMORE

been conferred; its sex, color, the full name and occupation of the parents. The date of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within ten days after the birth; and the third day of each and every month to the physician or practitioner in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of any other person in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with costs, in any court of competent jurisdiction. Penalties and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 36576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	January 11 92
4. Place of Birth (Street and Number),	1115 E. Pratt
5. Full Name of Mother,	Hannah Salomon
6. Mother's Maiden Name,	" Jossit
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Benjamin Salomon
9. Father's Occupation,	Cigarret-Maker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Wm. Woes
Address,	658 E. Jefferson St
Remarks,	

1892000038

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or ... In case the birth of any child shall occur without the attendance of a physician or practitioner ... shall become the duty of the person or persons ... mother. Immediately thereafter it shall become the duty of ... the Commissioner of Health, in the manner and within the ... who shall hereafter fail to comply with the provisions of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

36577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Negro.

3. Date of Birth, Jan. 11th

4. Place of Birth, (Street and Number) 93 Foster Av.

5. Full Name of Mother. Lillie Cook.

6. Mother's Maiden Name.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return C. S. Eisley Student of Women Medical College

Address, 1916 N. Charles St. c/o Amanda Taylor Nurse, Col.

Remarks.

1892 00 00 0039

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1892 January 11th
4. Place of Birth, (Street and Number) Patterson Av. 1702
5. Full Name of Mother, Martha A. Grier
6. Mother's Maiden Name, " Frankenfield
7. Mother's Birthplace, Monroe County Pa.
8. Full Name of Father, Ester J. Grier
9. Father's Occupation, Clerk
10. Father's Birthplace, Watsontown Pa.

Name of Medical Attendant, or other person who makes this Return. Geo. H. Watson M.D.

Address, 1631 W. Lafayette Av.

Remarks,

1 8 9 2 0 0 0 0 0 0 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 11 1892
4. *Place of Birth*, (*Street and Number*) Baltimore 604 Chestnut Alley
5. *Full Name of Mother*, Amie Miller
6. *Mother's Maiden Name*, Kennedy
7. *Mother's Birthplace*, Westminister Md
8. *Full Name of Father*, Charles L Miller
9. *Father's Occupation*, Teamster Driver
10. *Father's Birthplace*, Baltimore

Name of Medical Attendent, or other person who makes this Return Mrs W. Mannel Midwife

Address, 918 Penna Ave

Remarks,

18920000041

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, and place of birth of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, and the place of birth; and the said schedule shall be delivered, duly signed by the physician or person in attendance, to the Commissioner of Health. In case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 11th of January 1892
4. Place of Birth, (Street and Number) 112 Chestnut alley
5. Full Name of Mother, Emma Hallbrooks
6. Mother's Maiden Name, Emma Jefferson
7. Mother's Birthplace, Fredwick Co Virginia
8. Full Name of Father, Isic Hallbrooks
9. Father's Occupation, Labor
10. Father's Birthplace, Summerset County md.

Name of Medical Attendant, or other person who makes this Return. Celestial Cook

Address, #1008 Shields alley

Remarks, 1892 0000042

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36581.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11, 1891.
4. *Place of Birth, (Street and Number)* 2211 E. Gilmor St.
5. *Full Name of Mother,* Bertha Detwiler
6. *Mother's Maiden Name,* Bertha Livingston
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Israel Detwiler
9. *Father's Occupation,* Salesman
10. *Father's Birthpla* Baltimore City

Name of Medical Attendant, or other person who makes this Return. H. O. Straight M.D.

Address, 220 E. Gilmor

Remarks, 1 8 9 2 0 0 0 0 0 4 3

CITY OF BALTIMORE

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, and within the period above required, and child to report its birth to the Commissioner of Health, and comply with the provisions of this section shall be subject any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 36582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	January 11nd 1892.
4. Place of Birth, (Street and Number)	1608. Eastern Av.
5. Full Name of Mother	Emma Lurz
6. Mother's Maiden Name	Emma Gottbehuet.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Lurz.
9. Father's Occupation	Boatbuilder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	415 South Ann st.
Remarks	

1892000044

CITY OF BALTIMORE JAN 1892

...to the registrar of the said, within six days at the birth of any child, within the City of Baltimore, shall ... of the child, ... children born, its or their physical ... thereafter, stating distinctly the date of birth, sex, and color of the child, ... of the parents, and the maiden ... condition, whether still born or not, the full name, nativity, and residence ... name of the mother of such child or children.

RETURN OF A BIRTH. A 36583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	9th Child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan 11 1892
4.	*Place of Birth, (Street and Number)*	1132 Hanover st
5.	*Full Name of Mother,*	Louise Gunderman
6.	*Mother's Maiden Name,*	Kratz
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Conrad Gunderman
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
	Address,	1032 Hanover st.
	Remarks,	

1892 0000045

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CITY OF BALTIMORE

Section 2. And be it further enacted, That it shall be the duty of the parent, or other person having charge of any child, at the time of the birth of such child, to report to the Commissioner of Health, in the manner and form prescribed by this ordinance, the facts which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Its [illegible] birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

36/84

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 11 — 1892
4. Place of Birth, (Street and Number)	701 St. Peter st
5. Full Name of Mother,	Elise Schmidt
6. Mother's Maiden Name,	Roesrer
7. Mother's Birthplace,	America
8. Full Name of Father,	Carl Schmidt
9. Father's Occupation,	Tinner
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser midwife
Address,	1032 Hanover st.
Remarks,	18920000046

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 365841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 2 3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	12 January
4. *Place of Birth, (Street and Number)*	2-29 York St
5. *Full Name of Mother,*	Mary Jones
6. *Mother's Maiden Name,*	Mary Ward
7. *Mother's Birthplace,*	Cherrytown Md
8. *Full Name of Father,*	Aspen Jones
9. *Father's Occupation,*	Joaner Pastor
10. *Father's Birthplace,*	north Forgener
Name of Medical Attendant, or other person who makes this Return.	Minor Grale
Address,	2-29 York St
Remarks,	8920000047

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
	Sex, (state whether male or female)	a male
	Race or Color, (if not of the white race)	white
3.	*Date of Birth,*	January 12 th.
4.	*Place of Birth, (Street and Number)*	# 1100 Sharp Street
5.	*Full Name of Mother,*	Marie Wiest
6.	*Mother's Maiden Name,*	Marie Weik
7.	*Mother's Birthplace,*	Wildbad Germany.
8.	*Full Name of Father,*	Adolph Wiest
9.	*Father's Occupation,*	Pianomaker
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Bahge
	Address,	711 Cross Street
	Remarks,	18920000048

CITY OF BALTIMORE 1892

WM. J. D. BOHANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 12
4. Place of Birth, (Street and Number)	58. E. Hill st
5. Full Name of Mother,	Mary A. Cooksey
6. Mother's Maiden Name,	Mary A. Connors
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Maurice F. Cooksey
9. Father's Occupation,	Horse shoer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Arza Taylor
Address,	41 Guilford Ally
Remarks,	1892 0 0 0 0 0 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, nurse or other person in attendance, to the third day of each and every month to the office of the Commissioner of Health, and a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36586½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 b child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 January 1892

4. Place of Birth, (Street and Number) 307 South Ensor.

5. Full Name of Mother, Louisa Fahrbach Mrs Brannan.

6. Mother's Maiden Name, Baltimore.

7. Mother's Birthplace, John Fahrbach.

8. Full Name of Father, Schoemaker

9. Father's Occupation, Baltimore.

10. Father's Birthplace, Wiche Getzke.

Name of Medical Attendant, or other person who makes this Return, 114 South Broadway

Address, [illegible]

Remarks, 1892000050

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or person in attendance upon the mother, to the office of the Commissioner of Health, within the third day of each and every month; and if any child shall occur without the attendance of a physician or person in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be sued for and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36587

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE CITY JAN 15 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 12
4. Place of Birth (Street and Number)	1335 Mosher St
5. Full Name of Mother	Margaret C. Rand
6. Mother's Maiden Name	Margaret Cradden
7. Mother's Birthplace	Balt md
8. Full Name of Father	Louis Rand
9. Father's Occupation	Salesman ~~Salesman~~
10. Father's Birthplace	Philada
Name of Medical Attendant, or other Person who makes this Return.	Robt H Kwan
Address	1205 W Fayette St
Remarks	

18920000051

RETURN OF A BIRTH,

36588

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE CITY
JAN 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st
2. *Sex (state whether male or female)*	Male
3. *Race or Color, (if not of the white race)*	White
4. *Date of Birth*	January 12th 1892.
5. *Place of Birth, (Street and Number)*	1226 Canton Av.
6. *Full Name of Mother*	Nellie Kane
7. *Mother's Maiden Name*	Nellie Robinson
8. *Mother's Birthplace*	Baltimore Md
9. *Father's Occupation*	George Kane
10. *Father's Birthplace*	Cannmaker
Name of Medical Attendant, or other Person who makes this Return.	Baltimore
Address	Mary Engelkart.
Remarks	415. South Ann st

1 8 9 2 0 0 0 0 0 5 2

a. The birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 36589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2?
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jany 12
4. *Place of Birth, (Street and Number)*	504 Harlem Ave.
5. *Full Name of Mother,*	Helen Lynch Speer
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Benj. B Lynch
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	H M Wilson
Address,	1008 Mad. Ave.
Remarks,	8 9 2 0 0 0 0 0 5 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Jan 13
4. Place of Birth, (Street and Number) 1309 Orleans st
5. Full Name of Mother, Ida M Saxtom
6. Mother's Maiden Name, Ida M Bryan
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Saxtom
9. Father's Occupation, Laber
10. Father's Birthplace, Saint marys Co

Name of Medical Attendant, or other person who makes this Return, Caroline Saxtom

Address, 117 Chesnut st

Remarks, doing + 8920000054

been conferred) its sex, color, the full name and occ... the full name of each child. If any shall have said schedule shall be delivered, duly signed by the ... the date and place of birth, and the third day of each and every month to the office of ... a certificate between the first and shall occur without the attendance of a physician ... In case the birth of any child attendance upon the mother, immediately thereafter ... the child, or should no other person be in child to report its birth to the Commissioner of Health, in the ... of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

(OFFICIAL SEAL) 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

3654.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female —
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Thirteenth (13) Jany 1892
4.	*Place of Birth, (Street and Number)*	716 Ostend st.
5.	*Full Name of Mother,*	Dorthea Reass.
6.	*Mother's Maiden Name,*	Dor. Whittman
7.	*Mother's Birthplace,*	Aufgess. Bavaria
8.	*Full Name of Father,*	John Reass.
9.	*Father's Occupation,*	Beer Brewer.
10.	*Father's Birthplace,*	Aufgess Bavaria
	Name of Medical Attendant, or other person who makes this Return,	Dr Benyer.
	Address,	Hamburg st 11 & Conn st.
	Remarks,	1892000055

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36.592

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Black
3. *Date of Birth*	February 15th 1892
4. *Place of Birth (Street and Number)*	Eutaw Place 2
5. *Full Name of Mother*	Josephine Young
6. *Mother's Maiden Name*	Josephine Hadland
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jno H Lee
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lucia Kenard
Address	712 N Durham St.
Remarks	remarks

1892 FEB 16

1892 0000056

RETURN OF A BIRTH 36593.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

JAN 29 1892

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 13th 1892
4. Place of Birth, (Street and Number)	611 W. Lexington St.
5. Full Name of Mother	Minnie Louise Thuere
6. Mother's Maiden Name,	Roemer
7. Mother's Birthplace,	Balt- Md
8. Full Name of Father,	Henry Thuere
9. Father's Occupation,	Merchant
10. Father's Birthplace	Balt- Md
Name of Medical Attendant, or other Person who makes this Return	S. A. Bell M.D.
Address,	841 N. Eutaw St.
Remarks,	

8920000057

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36594.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	"Second"
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 13. 1892 10.40 am
4.	*Place of Birth, (Street and Number)*	74½ W Hamburg St
5.	*Full Name of Mother,*	Emma M Becker
6.	*Mother's Maiden Name,*	Emma M. Norris
7.	*Mother's Birthplace,*	Ellicott City Howard Co Md
8.	*Full Name of Father,*	Aug. F Becker
9.	*Father's Occupation,*	Bookkeeper
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Barry
	Address,	111 Grand St
	Remarks,	1 8 9 2 0 0 0 0 0 5 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child.

1. *Sex, (state whether male or female)* Male Female Twins.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 January.
4. *Place of Birth, (Street and Number)* 2224 East Park Street.
5. *Full Name of Mother,* Fannie Gillmire.
6. *Mother's Maiden Name,* Lydiard.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Gillmire.
9. *Father's Occupation,* Police.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Ricke Geltz

Address, 2114 South Bond Street

Remarks, Baltimore MD 21231

1892 0 0 0 0 0 5 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of Health, within ten days after the birth. In case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter, or should no other person be in child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as by law provided. Fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jany. 13/92
4.	*Place of Birth, (Street and Number)*	2608 Stevens Ct.
5.	*Full Name of Mother,*	Mrs Maggie Hinkle
6.	*Mother's Maiden Name,*	Maggie Schrader
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Henry Hinkle
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
	Address,	2645 Frazier St
	Remarks,	8920000060

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born January 13 th 1892
4.	*Place of Birth, (Street and Number)*	# 120 Lemmon Court
5.	*Full Name of Mother,*	Mrs Barbra Zimmerman
6.	*Mother's Maiden Name,*	Miss " Drechsler
7.	*Mother's Birthplace,*	Preussen Germany
8.	*Full Name of Father,*	Mr August Zimmerman
9.	*Father's Occupation,*	Shoe Maker
10.	*Father's Birthplace,*	Preussen Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt St
	Remarks,	8 9 2 0 0 0 0 0 6 1

month, and shall set forth as far as the same can be ascertained, all the particulars required by the said schedule, in relation to each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth and the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	13th January 1892
4.	*Place of Birth, (Street and Number)*	356 S. Paulson PK Ave
5.	*Full Name of Mother,*	Annie Elizabeth Henderson
6.	*Mother's Maiden Name,*	Annie Elizabeth Herold
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Thomas Wallace Henderson
9.	*Father's Occupation,*	Oyster & Produce Shipper
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return	Mrs Hannah E Knowles
	Address,	3167 N Paulson PK ave
	Remarks,	18920000062

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health, on or before the third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

JAN 18 1892 OF BA

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14 1892
4. *Place of Birth, (Street and Number)* 2442 E. Biddle
5. *Full Name of Mother,* Martha A. Johnston
6. *Mother's Maiden Name,* Fisher
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* John W. Johnston
9. *Father's Occupation,* Lab
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Broadway

Remarks, 1892000063

ascertained the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

36600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 14th 1892
4. *Place of Birth, (Street and Number)*	#15 S. Duncan Alley
5. *Full Name of Mother,*	Celia Mc Birds
6. *Mother's Maiden Name,*	" King
7. *Mother's Birthplace,*	Princess Anne County.
8. *Full Name of Father,*	Washington Mc Birds
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Dieles Island
Name of Medical Attendant, or other person who makes this Return.	Susan Hooper
Address,	#123. N. Durham St.
Remarks,	8920000064

...ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 14th of January 1892
4. Place of Birth, (Street and Number) No 1020 S. Sharp street
5. Full Name of Mother, Martha Bishop
6. Mother's Maiden Name, Martha Kane
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Bishop
9. Father's Occupation, Drayman.
10. Father's Birthplace, Cambridge M.D

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, No 407 W. Hamburg street

Remarks, + 8920000065

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) femail
2. Race or Color, (if not of the white race) Color
3. Date of Birth, January 14 1872
4. Place of Birth, (Street and Number) 551 Walnut ally
5. Full Name of Mother, fanny grant
6. Mother's Maiden Name, fanny Johnson
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Harry Johnson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Conty

Name of Medical Attendant, or other person who makes this Return.

Address, 537 Walnut ally

Remarks, Married 0 0 0 0 0 0 6 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

owner

36603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Joseph Hayden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 14th 1892
4. *Place of Birth, (Street and Number)*	No 35 West st
5. *Full Name of Mother,*	Ella Hayden
6. *Mother's Maiden Name,*	Ella Cadden
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Hayden
9. *Father's Occupation,*	Stone cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	8 ~~9~~ 2 0 0 0 0 0 0 6 7

the full name of each child (if any shall have
month, and shall set forth as far as the same ca
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter, it shall be
child to report its birth to the Commissioner of Health. In the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 36602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Child
3. *Date of Birth,*	January 14
4. *Place of Birth, (Street and Number)*	180 N Mulberry St
5. *Full Name of Mother,*	Laura Virginia Winder
6. *Mother's Maiden Name,*	" " Hill
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Henry Winder
9. *Father's Occupation,*	Truck Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address,	810 King Street
Remarks,	Doing well Favorable Expectation

8 9 2 0 0 0 0 0 6 8

...ist of the births which have occurred under his observation during the month, giving the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36605.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JAN 22 1897 HEALTH DEPT. BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 15-97
4. Place of Birth (Street and Number)	1423 Bolton St.
5. Full Name of Mother	Alice Henriette Baer.
6. Mother's Maiden Name	Alice Henriette Waters.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Hellman Baer
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. Ridgely Baer M.D.
Address	# 1423 Bolton St
Remarks	8920000069

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained (1) name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the office of Registration on the third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

36606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15 June
4. *Place of Birth, (Street and Number)* 745 Ensor Baltimore
5. *Full Name of Mother,* Harriet Gross
6. *Mother's Maiden Name,* Harriet Dorman
7. *Mother's Birthplace,* Co Baltimore
8. *Full Name of Father,* Edward Gross
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Caroline Peterson

Address, 1 Pleasant Pl

Remarks, 1 8 9 2 0 0 0 0 0 7 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	January 15th.
4.	*Place of Birth, (Street and Number)*	1245 south eutaw st.
5.	*Full Name of Mother,*	Dora McKeldin
6.	*Mother's Maiden Name,*	Dora Grief
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	James. McKeldin
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Wm Barnes
	Address,	711 Cross Street
	Remarks,	1 6 9 2 0 0 0 0 0 7 1

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1892

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15th 1892
4. Place of Birth, (Street and Number) Baltimore Md 2138 Calhoun St
5. Full Name of Mother, Mary Weisenhammer.
6. Mother's Maiden Name, Mary Vicklas
7. Mother's Birthplace, Baltimore Md City
8. Full Name of Father, Edward Weisenhammer
9. Father's Occupation, Piano maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs [illegible] Kraemer

Address, 414 Stricker St. Baltimore Md

Remarks, Mother aged 8 0 0 0 0 7 2 during each

Health. ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Jan 15th 1892
4.	*Place of Birth, (Street and Number)*	# 317 Smallwood Str
5.	*Full Name of Mother,*	Mrs Barbara Klinker
6.	*Mother's Maiden Name,*	Miss " Reiflingshaffer
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Mr Henry Klinker
9.	*Father's Occupation,*	Stone Cutter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt Str
	Remarks,	8920000073

month, and shall set forth as far as the same can be ascertained the full ... of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, ... to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or shall occur in any ... hereafter if she shall neglect to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 31610.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE JAN 30 1892

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2. Sex (state whether male or female)	Female
3. Race or Color, (if not of the white race)	White
3. Date of Birth	January 15th 1892
4. Place of Birth, (Street and Number)	732 South Broadway
5. Full Name of Mother	Louisa Shauwecker
6. Mother's Maiden Name	Louisa Haas.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Eugene Shauwecker
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhard
Address	415 South Ann st
Remarks	8920000074

CERTIFICATE CORRECTED 2-19-49

RETURN OF A BIRTH.

36611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Margaretta Pauline~~ Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 15 January
4. Place of Birth, (Street and Number) 2237 East Jefferson Street
5. Full Name of Mother, Annie (Mrs.) Miller.
6. Mother's Maiden Name, Saybuch.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (Mr.) Miller
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Nick Clike

Address, #114 South Bond Street

Remarks,

8920000075

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are now recoverable

CITY OF BALTIMORE 1882

RETURN OF A BIRTH. 36617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 16
4. *Place of Birth, (Street and Number)* 5-19 East St.
5. *Full Name of Mother,* Sarah Agusta Hanson Grove
6. *Mother's Maiden Name,* Sarah Agusta Grove
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Henry Hanson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Queen Annes Co

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 117 Chestnut St

Remarks, Dangerously ill

6 9 2 0 0 0 0 0 7 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carroll Edgar Houck

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	*Sex, (state whether male or female)*	~~(illegible)~~ Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 16 1893
4.	*Place of Birth, (Street and Number)*	No 1331 Hanover St
5.	*Full Name of Mother,*	Mamie E ~~(illegible)~~ Houck
6.	*Mother's Maiden Name,*	Mamie Tomar
7.	*Mother's Birthplace,*	Baltimore city md
8.	*Full Name of Father,*	John H Houck
9.	*Father's Occupation,*	Shoe Maker
10.	*Father's Birthplace,*	Baltimore city md
	Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hinton
	Address,	No 1422 Hanover St
	Remarks,	11-26-92 8920000877

month and shall set forth as far as the same can be ascertained the full name, the Christian name (if any) of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 1921
4. *Place of Birth, (Street and Number)* Monument st 3003
5. *Full Name of Mother,* Ella L. Burton
6. *Mother's Maiden Name,* Ella Longdon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Burton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, D. C. Schofield M.D.

Address, Orangeville Balto Co Md

Remarks, 8920000078

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3661.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 16 January
4. *Place of Birth, (Street and Number)* 1900 Fairmount ave.
5. *Full Name of Mother,* Mary Koenig
6. *Mother's Maiden Name,* Copeland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Koenig
9. *Father's Occupation,* Tiler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mick. Gathe

Address, #114 South Bond Street

Remarks, 18920000079

been conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 36616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* first female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 16 day of January 1892
4. *Place of Birth, (Street and Number)* Eastern Avenue 1725
5. *Full Name of Mother,* Mary J Taylor
6. *Mother's Maiden Name,* Mary McRiley
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* James H Taylor
9. *Father's Occupation,* Marine Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address, ...

Remarks, ...

1 8 9 2 0 0 0 0 0 8 0

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	W
3. Date of Birth	January 17th 1892
4. Place of Birth (Street and Number)	926 E. Chase st
5. Full Name of Mother	Mary Ragan
6. Mother's Maiden Name	Mary Kelly
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Francis Patrick Ragan
9. Father's Occupation	Rail road employee
10. Father's Birthplace	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	F. Albanese, M.D.
Address	1123 Valley st
Remarks	I have the honor to report this a case of scarlet fever which has just made its appearance in the family. F. Albanese, M.D.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born alive or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 36618.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE CITY JAN 20 1892

1. *Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan. 17 92
5. *Place of Birth, (Street and Number)* 157 Eastern Ave
6. *Full Name of Mother,* Annie L. Krummeck
7. *Mother's Maiden Name,* Annie L. Mauler
8. *Mother's Birthplace,* Balto. Md
9. *Full Name of Father,* Chas. Krummeck
10. *Father's Occupation,* Oyster Saloon keeper
11. *Father's Birthplace,* Balto Md
12. *Name of Medical Attendant,* or other person who makes this Return, A. Barlieee M.D.
13. *Address,* 400 S Broadway
14. *Remarks,* 1892000082 (Born 3.30 P.M.)

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of January 1892.
4. *Place of Birth, (Street and Number)*	422 North Washington St.
5. *Full Name of Mother,*	Mary L. Huffman
6. *Mother's Maiden Name,*	Mary L. Weird
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John F. Huffman
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leocintia Kunkel
Address,	213 North Chapel St per Justina Kunkel
Remarks,	Healthy. 2 0 0 0 0 0 8 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE JAN 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 18 1892
4. Place of Birth, (Street and Number)	2 Washington Homestead — Cant —
5. Full Name of Mother,	Rosa Mattare
6. Mother's Maiden Name,	Rosa Perry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John N. Mattare
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	F. Agnew Westcott M.D.
Address,	237 Fawn avenue — Cant —
Remarks,	8920000084

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 11-2-56

A 36674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Minna Roberta ~~Diering~~ Diering	
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3rd Child	
1. *Sex,* (state whether male or female)	Girl	
2. *Race or Color,* (if not of the white race)	White	
3. *Date of Birth,*	8th of January 1892	
4. *Place of Birth,* (Street and Number)	1755 Jefferson st.	
5. *Full Name of Mother,*	Louisa Diering	Diering
6. *Mother's Maiden Name,*	Louisa Lang	
7. *Mother's Birthplace,*	Baltimor	
8. *Full Name of Father,*	Conrad Diering	Diering
9. *Father's Occupation,*	Shipping Clerk	
10. *Father's Birthplace,*	Baltimor	
Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel	
Address,	213 North Chapel st per Justina Kunkel	
Remarks,	Healthy 2 U 0 0 0 0 0 8 5	

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January 19th 1892
4. *Place of Birth, (Street and Number)*	1003 Eastern Avenue
5. *Full Name of Mother,*	Mrs Katie M Friedenberg
6. *Mother's Maiden Name,*	" " Fay
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	John Herman Friedenberg
9. *Father's Occupation,*	Salesman Kupfer-
10. *Father's Birthplace,*	Germany. Germany
Name of Medical Attendant, or other person who makes this Return.	D. W. Cattell M.D.
Address,	1308 N Charles St
Remarks,	1892000086

been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant or person in charge, to the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall provide the necessary blanks for the purpose, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 36627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jany 19 - 92
4. *Place of Birth, (Street and Number)*	807 York Road
5. *Full Name of Mother,*	Jessie McLeary
6. *Mother's Maiden Name,*	Jessie Lowitzer
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Robert McLeary
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Moyer MD
Address,	1200 N Edmondt
Remarks,	1892000000087 City

month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the time and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36623B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 8 1892
4. *Place of Birth, (Street and Number)*	1 6 E Chilcoat alley
5. *Full Name of Mother,*	Annie Goldsmith
6. *Mother's Maiden Name,*	annie Eigles
7. *Mother's Birthplace,*	Middle Scott Va
8. *Full Name of Father,*	Mack Lewis
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Celestial Cook
Address,	
Remarks,	8920000088

The name of every child born within the City of Baltimore shall be registered within ten days after birth, if the same can be ascertained by the parent or parents, guardian or other person having control of such child, and the information required by the following schedule shall be furnished as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 January
4. *Place of Birth, (Street and Number)* Hull St. 1301
5. *Full Name of Mother,* Mary Friedhyes
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred A. Friedhyes
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katherine Mahon

Address, Beason st. 1421 Light Lane

Remarks, 8 9 2 U 0 0 0 0 0 8 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892 Jan 21

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 366 M

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6"
1. Sex (state whether male or female),	White. Female.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jany 11" 1892
4. Place of Birth (Street and Number),	1632 N. Gilmor st.
5. Full Name of Mother,	Laura J. Shrote
6. Mother's Maiden Name,	Laura J. Bowen.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Geo A. Shrote.
9. Father's Occupation,	Baker.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	H Dulany Thomas M.D.
Address,	611 N Carrollton Ave.
Remarks,	

1892 0000090

And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and shall state whether it be male or female, the color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 36675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 January Dec. 1425.
4. *Place of Birth, (Street and Number)* Ina Anderson
5. *Full Name of Mother,* " Baker
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* John Anderson
8. *Full Name of Father,* Laborer
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Eliza Mason

Address, Bryan st 1421 Locus Point

Remarks, 1892 0 0 0 0 0 9 1

Health. ... shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 1892
4. Place of Birth, (Street and Number) Greene St 605
5. Full Name of Mother, Rebecca Michel
6. Mother's Maiden Name, Rebecca Lowndes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Michel
9. Father's Occupation, Dealer in Market
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payne Street

Remarks, 18920000092

JAN 21 1892

CITY

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

3687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 12th " 1892
4. *Place of Birth, (Street and Number)*	1004 Peach Alley
5. *Full Name of Mother,*	Nettie Clements
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Richard Burton
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mary Susan Gramby
Address,	1035 Howard St
Remarks,	

8 9 2 0 0/0 0 0 0 9 3

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Jan
4. *Place of Birth, (Street and Number)* Bond street 833
5. *Full Name of Mother,* Augusta Hilgram
6. *Mother's Maiden Name,* Augusta Flesh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John William
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond street

Remarks, 1 8 9 2 0 0 0 0 0 9 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 day of January
4. Place of Birth, (Street and Number) No 5 South High St.
5. Full Name of Mother, Regina Alice Maurer
6. Mother's Maiden Name, Galster.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Maurer
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grossnickle

Address, No 6 South High St Baltimore Md

Remarks, 1 8 9 2 0 0 0 0 0 9 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-55

RETURN OF A BIRTH. 36630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eleanor Wilhemina ~~Maguire~~ Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18, 1892
4. Place of Birth, (Street and Number) No. 1614 East Eager Street
5. Full Name of Mother, Mrs. Catharine Elizabeth Maguire
6. Mother's Maiden Name, Miss Catharine E. Hartman
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. William Joseph Maguire
9. Father's Occupation, Lithographer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. K. Clendinen, M.D.

Address, 201 South Broadway

Remarks, 8920000096

CITY 21 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36621.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) I

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 15 January 1932
4. *Place of Birth*, (*Street and Number*) Home 1132 Amie Barthelmes
5. *Full Name of Mother*, Augusta Brugaeman
6. *Mother's Maiden Name*, Germany
7. *Mother's Birthplace*, Augus Barthelmes
8. *Full Name of Father*, Laborer
9. *Father's Occupation*, Germany
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Hoffman Md.

Address, Boston st 1421 Locust Point

Remarks, 8 9 2 0 0 0 0 0 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child (if any shall have ...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner or mother of Health. In case no other person be in third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 36637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Twins Boys

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday January 15th 1892
4. Place of Birth, (Street and Number) 914 Greenwillow Court
5. Full Name of Mother, Annie Mary Holley
6. Mother's Maiden Name, Annie Mary Crawford
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Clarence Holley
9. Father's Occupation, Stevedore
10. Father's Birthplace, St. Mary's County Md

Name of Medical Attendant, or other person who makes this Return. Celestia Cook

Address, 1008 Fields alley

Remarks, 8920000098

Health. This schedule shall contain the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Saturday January 16 1892
4.	*Place of Birth, (Street and Number)*	No. 705 N. Fremont, Mary
5.	*Full Name of Mother,*	Mrs. Annie L. Westhimer
6.	*Mother's Maiden Name,*	Miss Annie L. Seebuck
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Mr. Moses Westhimer
9.	*Father's Occupation,*	Liquor Merchant
10.	*Father's Birthplace,*	Albany New York State
	Name of Medical Attendant, or other person who makes this Return,	Mrs Thunder
	Address,	23 N Pennsylvania Ave
	Remarks,	8920000099

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] who should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

JAN 21 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 16th 1892
4. Place of Birth, (Street and Number) 17 1H Riggs Ave
5. Full Name of Mother, Louisa ~~Menke~~ Koke
6. Mother's Maiden Name, Louisa Menke
7. Mother's Birthplace, Osnabrück Germany
8. Full Name of Father, Julius Koke
9. Father's Occupation, Baker
10. Father's Birthplace, Brainswig Germany

Name of Medical Attendant, or other person who makes this Return, Thos and Hunter

Address, 23 N Paynetown St

Remarks, 1892000100

JAN 21 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a full and correct statement of the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36625.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 January
4. *Place of Birth, (Street and Number)* Hurst st 1247
5. *Full Name of Mother,* Anne E Johnson
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Delaware City
8. *Full Name of Father,* Wm J Johnson
9. *Father's Occupation,* Sobar
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine M Jones

Address, Bass st 1421 Locust Point

Remarks, 8920000101

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36636

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 16. 1892
4. Place of Birth (Street and Number)	Hartford Road
5. Full Name of Mother	Mary K Gamble
6. Mother's Maiden Name	Mary K Ritmiller
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Robert Gamble
9. Father's Occupation	Gardner
10. Father's Birthplace	England
Name of Medical Attendant or other Person who makes this Return.	Wm D. Corner Fred'k.
Address	Jardenville Dacto Co Fred
Remarks	18920000102

That any physician, midwife, or other person who shall neglect or refuse to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the day of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE
JAN 21 1892

RETURN OF A BIRTH

36637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16. 92

4. Place of Birth, (Street and Number) 218 E First St

5. Full Name of Mother, Matilda Norris Wysham

6. Mother's Maiden Name, Matilda Norris

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James Kemp Wysham

9. Father's Occupation, Tobacco Business

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return Robt N Johnson M D

Address, 101 W Franklin St

Remarks. 8920000103

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 17th 1892
4. *Place of Birth, (Street and Number)* 1417 Aisquith St
5. *Full Name of Mother,* Margaret Schultz
6. *Mother's Maiden Name,* Margaret E. Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lewis Schultz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor-Harris M.D.

Address, 871 Harlem Ave

Remarks,

1892 JAN 21 CITY REGISTRAR

1892 0 0 0 0 1 0 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3 6639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 17th 1892
4.	*Place of Birth, (Street and Number)*	325 Paikin St.
5.	*Full Name of Mother,*	Mary E. Gibson
6.	*Mother's Maiden Name,*	Mary Boyle
7.	*Mother's Birthplace,*	Balto. City
8.	*Full Name of Father,*	John H. Gibson
9.	*Father's Occupation,*	Mechanic
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Thos. D. McCormick M.D
	Address,	1424 Eutaw Place
	Remarks,	8920000105

JAN 21 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36639 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Twins Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17
4. Place of Birth, (Street and Number) Calverton Road
5. Full Name of Mother, Mary ~~Virginia~~ Alice Cat
6. Mother's Maiden Name, Mary Alice Daniels
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, George H Cat
9. Father's Occupation, gardner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary J Veazey

Address, 2847 Sanvail St Calverton

Remarks, 1 8 9 2 0 0 0 0 1 0 6

Health. This certificate shall be filled out as far as the same can be ascertained, and shall set forth as far as the same can be ascertained the full name and sex of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a printed schedule, to have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 19 1892
4. Place of Birth, (Street and Number) 583 Orchard
5. Full Name of Mother, Mary Lake
6. Mother's Maiden Name, Mary Myers
7. Mother's Birthplace, West Va
8. Full Name of Father, William Myers
9. Father's Occupation, Lab
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Maryan Mason

Address, 584 Orchard Balto Md

Remarks, 5842 0 0 0 0 1 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3664.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19
4. *Place of Birth, (Street and Number)* 1029 North Mount St
5. *Full Name of Mother,* Sarah Isebell Miner
6. *Mother's Maiden Name,* Sarah Isebell Baker
7. *Mother's Birthplace,* Talbert Co
8. *Full Name of Father,* James H Miner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Accomac Co Va

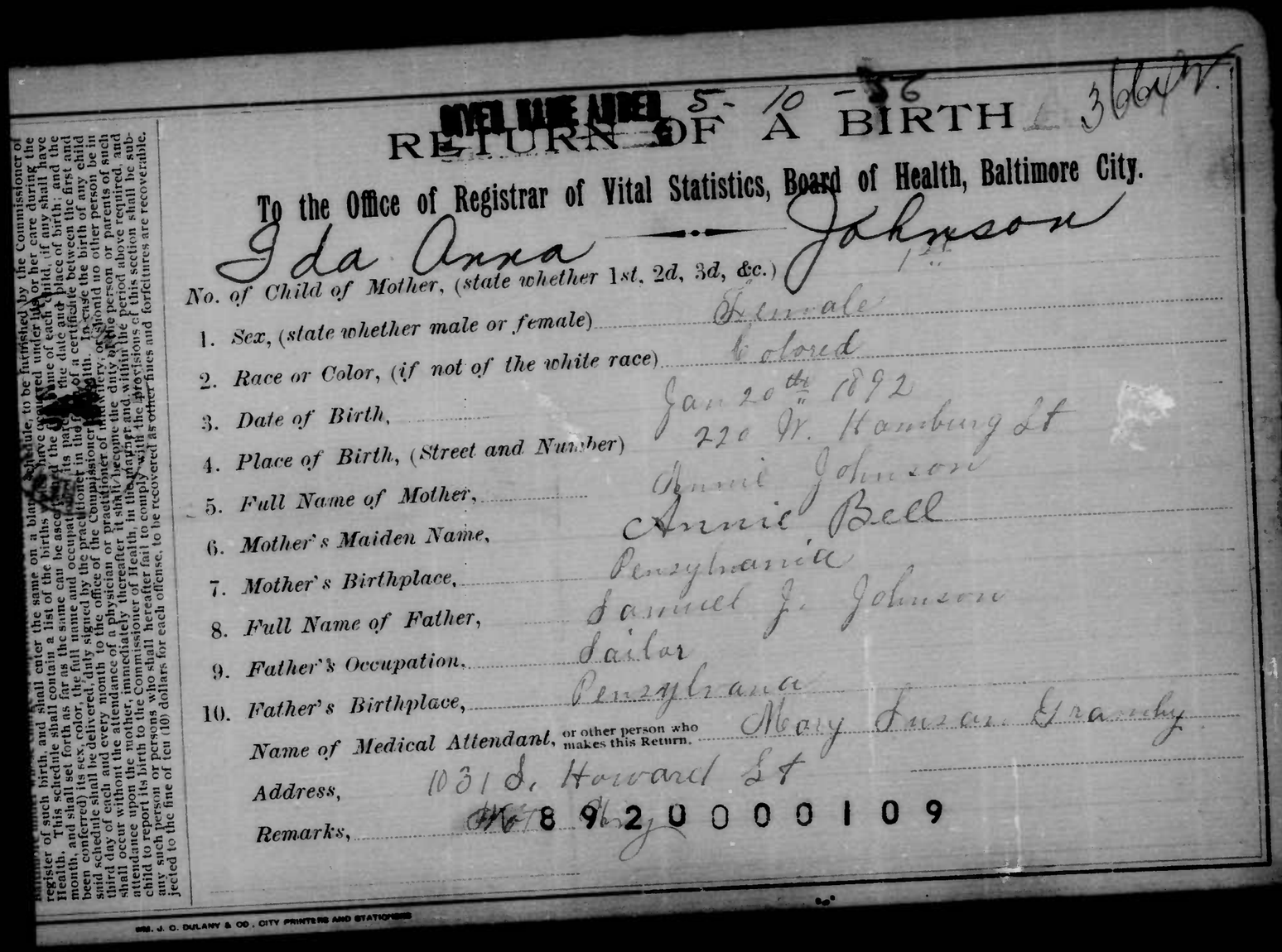
Name of Medical Attendant, or other person who makes this Return, Mary I Peregay

Address, 2847 Fenwail St

Remarks, 1 6 9 2 0 0 0 0 1 0 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...have occurred under his or her care during the ... This schedule shall contain a list of the births which ... Health. This schedule shall set forth as far as the ... month, and shall set forth as far as the same can be ascertained ... been conferred, duly signed by the ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician (or ... attendance upon the mother, immediately thereafter, fail to ... Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable ...



DO NOT WRITE ABOVE THIS LINE 5-10-37

RETURN OF A BIRTH 36647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 20th 1892
4. Place of Birth, (Street and Number) 220 N. Hamburg St
5. Full Name of Mother, Annie Johnson
6. Mother's Maiden Name, Annie Bell
7. Mother's Birthplace, Pensylvania
8. Full Name of Father, Samuel J. Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, Pensylvania

Name of Medical Attendant, or other person who makes this Return, Mary Susan Gramby

Address, 1031 S. Howard St

Remarks, No 8 9 2 0 0 0 0 1 0 9

SEE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date of the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person or shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3 0 0 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Jan
4. *Place of Birth, (Street and Number)* 1507 Bank street
5. *Full Name of Mother,* Mary Feuchtey
6. *Mother's Maiden Name,* Mary Maner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Feuchtey
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond street

Remarks, 1 8 9 2 0 0 0 0 1 1 0

Health. This schedule shall contain a list of the births which [illegible] occurred within his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 21st 1892. 3.30 a m.

4. Place of Birth, (Street and Number) 49 S Fulton ave

5. Full Name of Mother, Ella Parlett

6. Mother's Maiden Name, Ella Haupt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benj. L Parlett

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. C H Carlton M D

Address,

Remarks, 8920000111 Delivery with chloroform.

Under the above heading a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of each and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A 36645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 21 1892
4.	*Place of Birth, (Street and Number)*	1343 E. Charles St
5.	*Full Name of Mother,*	Eda Ellenora C. Keefe
6.	*Mother's Maiden Name,*	Eda Ellenora Englehardt
7.	*Mother's Birthplace,*	Baltimore md
8.	*Full Name of Father,*	Thomas D. O'Keefe
9.	*Father's Occupation,*	Fire Department
10.	*Father's Birthplace,*	Prince George county
	Name of Medical Attendant, or other person who makes this Return,	Ellenora A. anderson
	Address,	1434 Patapsco St
	Remarks,	1892000112

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in person or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male Harry Arthur Walz
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	June 21. 12
4. *Place of Birth, (Street and Number)*	512 Orleans St.
5. *Full Name of Mother,*	Mrs. Margaret Libby Walz
6. *Mother's Maiden Name,*	Miss " Libby
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Louis Walz Jr.
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	G. W. Lingle M.D.
Address.	512 Orleans St.
Remarks,	3

Middle name of child added by father upon applying for a transcript. Attest Burt Libby Clerk 7/6/31

Louis Walz - Father

PRINT & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of such practice, to the Commissioner of Health in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 1. 1892
4. *Place of Birth, (Street and Number)*	1724 Barnes St.
5. *Full Name of Mother,*	Ada Vanker Lenard.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George Vanker
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller.
Address,	1605 Walker St.
Remarks,	8920000114

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 12, 1892
4. *Place of Birth, (Street and Number)* 1328 Orleans St.
5. *Full Name of Mother,* Sarah Milner
6. *Mother's Maiden Name,* Hereford.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Milner.
9. *Father's Occupation,* Coachmaker Constructor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Carolina Miller

Address, 1005 Walker St.

Remarks, 8920000115

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

register of such births. [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed [illegible] of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the [illegible] or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. If she shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. If she shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 36649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 12 1892.
4.	*Place of Birth, (Street and Number)*	506 Castle St.
5.	*Full Name of Mother,*	Louisa Wakefield.
6.	*Mother's Maiden Name,*	Stein.
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Carl Wakefield.
9.	*Father's Occupation,*	Trimmer.
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
	Address,	1605 Walker St.
	Remarks,	8920000116

registry of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. No be required as other fines and forfeitures are recoverable

CITY OF BALTIMORE JAN 28

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

36650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	14th Jan 1892
4. *Place of Birth, (Street and Number)*	230 arlington ave
5. *Full Name of Mother,*	Edelle Brown
6. *Mother's Maiden Name,*	Edelle Brown
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Thomas Brown
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Parrish
Address,	N 230 arlington ave
Remarks,	8920000117

CITY OF BALTIMORE

DIET & CO., CITY PRINTERS AND STATIONERS.

...sioner of Health. This ... shall set forth, as far as the same can be ascertained, the full name of each child (if ... during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the attending physician or midwife, or in case there be no physician or midwife present at the birth, then by the father or mother of such child, to the Board of Health, at the office thereof, on or before the first and third day of each and every month. In case the certificate, between the first and third day of a month, of a physician or of a practitioner shall then become the birth of any child shall occur without the attendance of a physician or midwife, then in the manner, and should no other person be in attendance upon such mother, it shall be the duty of the father or mother of such child to report in writing the facts and particulars required in relation to such births and deaths of illegitimate children, and duty of the parent or parents of such child to report in writing the facts and particulars required in relation to such births and deaths of illegitimate children, and within the period above required, except in cases of stillbirths, and to comply with the provisions of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

A. 366501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 boy.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of January 12.
4. *Place of Birth, (Street and Number)* Balto-510 S. Bond St.
5. *Full Name of Mother,* Ester Jamensons
6. *Mother's Maiden Name,* Ester Jamensons.
7. *Mother's Birthplace,* In Polin.
8. *Full Name of Father,* Jamensons
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Born in Polin

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky.

Address, 1177 E. Lombard St.

Remarks,

8920000118

Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines shall be recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 36651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24 th January 1892
4. Place of Birth, (Street and Number)	No 1802 First St
5. Full Name of Mother,	Sarah Connelly
6. Mother's Maiden Name,	Sarah Quillin
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Peter Connelly
9. Father's Occupation,	Labor
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. Chas Lauer
Address,	No 1057 Hanover cor
Remarks,	8 9 2 0 0 0 0 1 9 1892

Baltimore under whose charge or superintendence a birth shall occur shall report the same to the Commissioner of Health, and shall enter the same on a blank schedule to be furnished by the Commissioner of register of such birth, and shall enter the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex delivered, duly signed by the practitioner in the form of his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of his or her care during the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall immediately thereafter report the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such shall occur in the absence of the father, the mother shall report the same within the period above required, and attendance upon the mother, Commissioner of Health. In case the birth of any child shall occur in the absence of the father, the mother shall report the same within the period above required, and child to report its birth to the Commissioner of Health, as required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered before any other and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* January 16, 1892, at 2:05 P.M.
4. *Place of Birth*, (Street and Number) 1401 Plum Ave
5. *Full Name of Mother*, Ellen Bibelheiser
6. *Mother's Maiden Name*, Ellen Marrow
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Francis Bibelheiser
9. *Father's Occupation*, Fireplace & Stove repairer
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters, M.D.

Address, 1429 McCulloh St

Remarks,

DR. E. G. WATERS,
1429 McCULLOH ST.
BALTIMORE, MD.

8920000120

SECTION 7.—And be it further enacted and ordained that [illegible] shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, the sex, color, the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician [illegible] the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter to [illegible] shall within the period above required, and any such person report his birth to the Commissioner of Health, in the manner and subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

12-4-56

3695.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Beatrice Hazel Shipley 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1892
4. Place of Birth, (Street and Number) 515 S Patterson Park Ave
5. Full Name of Mother, Josephine Shipley
6. Mother's Maiden Name, Josephine Graham
7. Mother's Birthplace, Italy
8. Full Name of Father, George Shipley
9. Father's Occupation, Fireman, Baltimore Locomotive Works
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. E. Kinsey

Address, 515 S Patterson Park Ave

Remarks,

1 8 9 2 0 0 0 0 4 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

END OF RETAKE SECTION

STATE OF MARYLAND

HR-RM 31
(4 - 1 - 54)
Hall of Records Commission

0 9 2 0 0 0 0 1 0 9 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 2 0 0/0 0 0 0 9 3

register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as to each child, the full name of each child, if any, the place of birth, the sex, color, the date of birth, the full name and occupation of the parents, the street and number of the residence of the parents, and such other information as may be required by the said schedule. Such schedule shall be delivered, with a certificate of the correctness of the same, at the office of the Commissioner of Health on the first day of each and every month, by the physician or practitioner of midwifery who shall have attended upon the mother during her confinement, or in the absence of a physician or practitioner of midwifery, by the attendance upon the mother, thereafter it shall become the duty of the person or persons having charge of the premises where such birth occurred without the attendance of a physician or practitioner of midwifery, and within the period above required, to report its birth to the Commissioner of Health in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	13 Jan
4.	*Place of Birth, (Street and Number)*	Bond street 833
5.	*Full Name of Mother,*	Augusta Hillram
6.	*Mother's Maiden Name,*	Augusta Flesh
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Hillram
9.	*Father's Occupation,*	Sailor
10.	*Father's Birthplace,*	New York
	Name of Medical Attendant, or other person who makes this Return.	Mrs Schumann
	Address,	709 South Bond street
	Remarks,	8920000094

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

SAFETY FILM

RETURN OF A BIRTH.

36679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	13 day of January
4. *Place of Birth, (Street and Number)*	No 5 South High St.
5. *Full Name of Mother,*	Regina Elline Mauer
6. *Mother's Maiden Name,*	Galster
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mauer
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs L. Grazmaker
Address,	No 5 South High St Baltimore Md
Remarks,	1 8 9 2 0 0 0 0 0 9 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-52

RETURN OF A BIRTH. 36630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eleanor Wilhemina ~~Maguire~~ Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18, 1892
4. Place of Birth, (Street and Number) No. 1614 East Eager Street
5. Full Name of Mother, Mrs. Catharine Elizabeth Maguire
6. Mother's Maiden Name, Miss Catharine E. Hartman
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. William Joseph Maguire
9. Father's Occupation, Lithographer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. K. Clendiner, M.D.

Address, 201 North Broadway

Remarks, 8920000096

CITY REGISTERED JAN 21 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 January.
4. Place of Birth, (Street and Number) Hunt. 1132
5. Full Name of Mother, Annie Barthelmes
6. Mother's Maiden Name, " Baugaman
7. Mother's Birthplace, Germany
8. Full Name of Father, Augus Barthelmes
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Hoffman Wayne

Address, Boston & 1421 Locust Point

Remarks, 8 9 2 0 0 0 0 0 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance of a physician or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. F 36637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. twins Boys

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday January 15th 1892
4. Place of Birth, (Street and Number) 914 Greenwillow Court
5. Full Name of Mother, Annie May Holly
6. Mother's Maiden Name, Annie May Crawford
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Clarence Holly
9. Father's Occupation, Stevedore
10. Father's Birthplace, St. Mary's County Md

Name of Medical Attendant, or other person who makes this Return. Celestia Cook

Address, 1008 Shields alley

Remarks, 8920000098

Health. This schedule shall contain the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday January 16 1892
4. *Place of Birth, (Street and Number)*	No. 705 W. Lanvale Street
5. *Full Name of Mother,*	Mrs. Annie L. Westheimer
6. *Mother's Maiden Name,*	Miss Annie L. Seebach
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Mr. Moses Westheimer
9. *Father's Occupation,*	Liquor Merchant
10. *Father's Birthplace,*	Albany New York State
Name of Medical Attendant, or other person who makes this Return,	Mrs Chandler
Address,	23 N Pennsylvania Ave
Remarks,	8920000899

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician or midwife, at the office of the Commissioner of Health, on or before the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any justice of the peace, and for fines and forfeitures are recoverable.

JAN 21 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 16th 1892
4.	*Place of Birth, (Street and Number)*	17 1/2 Riggs Ave
5.	*Full Name of Mother,*	Louisa ~~Menke~~ Koke
6.	*Mother's Maiden Name,*	Louisa Menke
7.	*Mother's Birthplace,*	Osnabrück Germany
8.	*Full Name of Father,*	Julius Koke
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Brainswig Germany
	Name of Medical Attendant, or other person who makes this Return,	Edward Hunter
	Address,	23 N Poppleton St
	Remarks,	1892000/100

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36635.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) Hubert st 1247
5. Full Name of Mother, Anne E Johnson
6. Mother's Maiden Name, White
7. Mother's Birthplace, Delaware City
8. Full Name of Father, Wm J Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine M Jones

Address, Bacon st 1421 Locust Point

Remarks,

18920000101

Health. This schedule shall contain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36636

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 16. 1892
4. Place of Birth (Street and Number)	Hartford Road
5. Full Name of Mother	Mary R Gamble
6. Mother's Maiden Name	Mary R Ritmiller
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Robert Gamble
9. Father's Occupation	Gardner
10. Father's Birthplace	England
Name of Medical Attendant or other Person who makes this Return.	Wm D. Cornish M.D.
Address	Gardenville Baltimore Md
Remarks	1892000102

JAN 21 1892

CITY OF BALTIMORE

Every physician, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

36637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16. 92
4. *Place of Birth, (Street and Number)*	218 E First St
5. *Full Name of Mother,*	Matilda Norris Wysham
6. *Mother's Maiden Name,*	Matilda Norris
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Jas Kemp Wysham
9. *Father's Occupation,*	Tobacco Business
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return	Robt N Johnson M D
Address,	101 W Franklin St
Remarks,	8920000103

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

36638.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th "

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 17th 1892
4. Place of Birth, (Street and Number) 1417 Risquith St
5. Full Name of Mother, Margaret Schultz
6. Mother's Maiden Name, Margaret E. Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lewis Schultz
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor Harris M.D.

Address, 871 Harlem Ave

1892 JAN 21

1892 0 0 0 0 1 0 4

Remarks,

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, subject to the fine of ten (10) dollars for each offence. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

3 6639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 17th 1892
4.	*Place of Birth, (Street and Number)*	325 Fairmount St
5.	*Full Name of Mother,*	Mary E. Gibson
6.	*Mother's Maiden Name,*	Mary Boyle
7.	*Mother's Birthplace,*	Balt. City
8.	*Full Name of Father,*	John H. Gibson
9.	*Father's Occupation,*	Mechanic
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return.	Thos. D. McCormick M.D
	Address,	1421 Eutaw Place
	Remarks,	18920000105

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY REGISTRAR'S OFFICE FEB 27 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36639½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Twins Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17
4. Place of Birth, (Street and Number) Calverton Road
5. Full Name of Mother, Mary ~~Virginia~~ Alice Carr
6. Mother's Maiden Name, Mary Alice Daniels
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, George H Carr
9. Father's Occupation, gardner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Geraghty

Address, 2897 Sanvail St Calverton

Remarks, 1892000106

Health. This Schedule must be filled out as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person in attendance, or the parents, the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose, which shall be open to inspection at all reasonable hours. Every birth occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 19 1892
4. Place of Birth, (Street and Number) 583 Orchard
5. Full Name of Mother, Mary Dare
6. Mother's Maiden Name, Mary Myer
7. Mother's Birthplace, Md Balto
8. Full Name of Father, William Myer
9. Father's Occupation, Lab
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Maryan Mason

Address, 584 Aisquith alley Balto Md

Remarks, 5842 0 0 0 0 1 0 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3664.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19
4. Place of Birth, (Street and Number) 1023 North Mount St
5. Full Name of Mother, Sarah Isabell Miner
6. Mother's Maiden Name, Sarah Isabell Baker
7. Mother's Birthplace, Talbert Co
8. Full Name of Father, James H Miner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Accomac Co Va

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Sansail St

Remarks,

1892000108

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

COVEL LANE LABEL 5-10-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ida Anna Johnson 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 20th 1892
4. Place of Birth, (Street and Number) 220 N. Hamburg St
5. Full Name of Mother, Annie Johnson
6. Mother's Maiden Name, Annie Bell
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Samuel J. Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mary Susan Gramby

Address, 1031 S. Howard St

Remarks, W 8 9 2 0 0 0 0 1 0 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3 0 0 4 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	20 Jan
4.	*Place of Birth, (Street and Number)*	1507 Bank street
5.	*Full Name of Mother,*	Mary Feuchtey
6.	*Mother's Maiden Name,*	Mary Maner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Joseph Feuchtey
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs Schumann
	Address,	409 South Bond street
	Remarks,	1 8 9 2 U 0 0 0 1 1 0

Health. This schedule shall contain a list of the births which occurred within his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

36644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 21 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 21st 1892 3.30 a m.

4. Place of Birth, (Street and Number) 49 S Fulton ave

5. Full Name of Mother, Ella Parlett

6. Mother's Maiden Name, Ella Haupt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benj. F Parlett

9. Father's Occupation, farmer

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. A M Sutton M D

Address, Pikesville Baltimore county md

Remarks. 1892 0 0 0 1 1

RETURN OF A BIRTH 36645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 21 1942

4. Place of Birth, (Street and Number) 1343 N. Aberdeen St.

5. Full Name of Mother, Eda Edmonds Kopf

6. Mother's Maiden Name, Eda Edmonds Engelhardt

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Thomas E. C. Kopf

9. Father's occupation, Fire Lieutenant

10. Father's Birthplace, Prince George's County, Md.

Name of Medical Attendant, Dr. Chapman

Address, 1434 Edmondson Ave.

Remarks, 1 0 9 2 0 0 0 0 1 1 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6 9 2 0 0 0 0 1 1 4

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant

Address

Remarks

6 9 2 0 0 0 0 1 1 5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 28 1892

4. Place of Birth, (Street and Number) 516 South Ann

5. Full Name of Mother, Louisa Wakefield

6. Mother's Maiden Name, Abert

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl H. Wakefield

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, (or other person who makes this Return) Caroline Feller

Address, 1003 Washington Ave.

Remarks, 8920000116

JAN 28 1892

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female)

2. *Race or Color,* (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth,* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8 9 2 0 0 0 0 1 1 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 boy.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 of January 1912.
4. Place of Birth, (Street and Number) Balto 510 S. Bond St.
5. Full Name of Mother, Ester Jamerson
6. Mother's Maiden Name, Ester Jamerson
7. Mother's Birthplace, Russia
8. Full Name of Father, Jamerson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Born in Russia

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1177 E Lombard St.

Remarks,

6 9 2 0 0 0 0 1 1 8

Health. This schedule shall contain a true statement of the particulars required by the several columns, and shall be delivered, duly signed by the person making the return, to the Registrar of Vital Statistics, at the office of the Board of Health, within ten days after the birth, and every month to the office of

RETURN OF A BIRTH

A 36651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th January 1892
4. *Place of Birth, (Street and Number)*	1802 Wolfe
5. *Full Name of Mother,*	Sarah Connelly
6. *Mother's Maiden Name,*	Sarah Quillin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Peter Connelly
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ch. Lauer
Address,	1802 Wolfe
Remarks,	8 9 2 0 0 0 0 1 1 9

1892

Baltimore under whose charge or supervision the child is born, to furnish a blank schedule to be furnished by the Commissioner of Health, which have received under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, date and place of birth, and the said schedule shall be delivered, duly signed by the physician, midwife or other person in charge, to the Commissioner of Health on the third day of each and every month to the effect of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person in charge, it shall be the duty of the parents or parent of such child to report its birth to the Commissioner of Health within ten days thereafter, and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered before any justice of the peace.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3660

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thirtieth

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* January 16, 1892, at 2.05 P.M.

4. *Place of Birth*, (Street and Number) 1401 Pennsylvania Ave

5. *Full Name of Mother*, Ellen Bibelhiser

6. *Mother's Maiden Name*, Ellen Warner

7. *Mother's Birthplace*, Baltimore City

8. *Full Name of Father*, Francis Bibelhiser

9. *Father's Occupation*, Engraver & Stove repairer

10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters, M.D.

Address, 429 McCulloh St

Remarks, 8 9 2 0 0 0 0 1 2 0

DR. E. G. WATERS,
[illegible]
BALTIMORE MD.

SECTION 7—And be it further enacted and ordained that every [illegible] shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been given) born alive, the sex, color, the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be duly signed by the attendant or parents of such child, to certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a [illegible] the duty of the person required, and any such person be in attendance upon the mother, immediately thereafter, as said within the period above required to the fine of ten dollars report its birth to the Commissioner of Health, in the manner of this section, shall be subjected to the fine of ten dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 11. 1892.
4. *Place of Birth, (Street and Number)*	Patterson Park Ave.
5. *Full Name of Mother,*	Cora Mearen Wilson.
6. *Mother's Maiden Name,*	Baltimore Md.
7. *Mother's Birthplace,*	Samuel Mearen
8. *Full Name of Father,*	Salesman
9. *Father's Occupation,*	Baltimore Md.
10. *Father's Birthplace,*	Caroline Miller.
Name of Medical Attendant, or other person who makes this Return,	605 Walker St.
Address,	
Remarks,	1892000121

Health. This schedule shall contain a list of the births which have occurred [illegible] of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

36643

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th of January 1892

4. Place of Birth, (Street and Number) No 741 Broad St

5. Full Name of Mother, Annie Lillian

6. Mother's Maiden Name, Annie Linnott

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Lillian

9. Father's Occupation, Hack driver

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs C. A. Lauer

Address, No 1059 Hanover St

Remarks, 1892 JAN 25

18920000122

SECTION 7.—And be it further enacted and ordained that every person practicing [illegible] shall keep a correct register of all births attended by him, and shall report the same to the Commissioner of Health of Baltimore City, at the end of each month, on a blank schedule, to be furnished by the Commissioner of Health for that purpose; and every midwife shall keep a correct register of all births attended by her, and shall report the same to the Commissioner of Health

RETURN OF A BIRTH.

3660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1.	*Sex, (state whether male or female)*	white a girl
2.	*Race or Color, (if not of the white race)*	" "
3.	*Date of Birth,*	3 Jan. 1892.
4.	*Place of Birth, (Street and Number)*	108 S. Eden St. Balto. City.
5.	*Full Name of Mother,*	Rassa Berman
6.	*Mother's Maiden Name,*	Rassa Krantsky
7.	*Mother's Birthplace,*	Born in Doallisky
8.	*Full Name of Father,*	Myer Berman
9.	*Father's Occupation,*	Pants Maker
10.	*Father's Birthplace,*	Born in Russia
	Name of Medical Attendant, or other person who makes this Return,	Jetta Klawansky.
	Address,	1177 E. Lombard St.
	Remarks,	8920000123

Health. This Schedule shall contain the full name of each child, if any shall have been ascertained, the full name of each child, if any shall have been conferred, and shall set forth as far as the same, or the ascertained, the date and place of birth, and the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

L 36655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~*2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether male*~~ or *female*)
2. *Race or color,* (~~*if not of the white race*~~)
3. *Date of Birth,* Jan 21 ⁷⁴
4. *Place of Birth,* (Street and Number) 1610 Eastern ave
5. *Full Name of Mother,* Kate Hirsch
6. *Mother's Maiden Name,* " Heim
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert E. Hirsch
9. *Father's Occupation,* upholsterer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Potter Tyson

Address, 21 N Port Ave

Remarks, 8920000124

CITY HEALTH DEPARTMENT

month, and shall set forth as far as the same can be ascertained the ... of each child born alive, or still born after the ... month, the full name and occupation of each parent, the ... and the ... of birth, and the ... conferred its sex, color, the full name and place of birth of any child ... said schedule shall be delivered, duly signed by the ... to the office of the Commissioner of Health, ... third day of each and every month to a physician or ... shall occur without the attendance of a physician or ... shall occur upon the mother, immediately thereafter ... attendance upon its birth to the Commissioner of Health, ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten dollars for each offence, to be recovered ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36656.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Bessie Lee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Jan. 21, 1892
4. Place of Birth, (Street and Number) 1110 " N. Franklin St.
5. Full Name of Mother, Eva Bertha Spicknell
6. Mother's Maiden Name, " " Parson
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Francis C. Spicknell
9. Father's Occupation, Carpenter
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return. N. O. Straight M.D.

Address, 220 N. Gilmor St.

Remarks, [illegible] 8 9 2 0 0 0 0 1 2 5

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner (or the father or mother if no physician or midwife was present), to the office of the Commissioner of the Board. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 22. 1892.
4.	*Place of Birth, (Street and Number)*	Orleans St.
5.	*Full Name of Mother,*	Alice Ditzel.
6.	*Mother's Maiden Name,*	Bldr.
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Fred Ditzel.
9.	*Father's Occupation,*	Iron Moulder
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
	Address,	1605 Walker St.
	Remarks,	

8920000126

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 36658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The records [illegible] other fines and forfeitures are recoverable.

JAN 28 1892

CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The seven children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of janry
4. Place of Birth, (Street and Number) 1323 Stocton St
5. Full Name of Mother, Florence peters
6. Mother's Maiden Name, Florence manlet
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, Tomas L peters
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Ms Donley

Address, 1635 Walsh St

Remarks, 1892 00 00127

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 36654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Jan 9th 92.
4. *Place of Birth, (Street and Number)* 917 Clifton Place.
5. *Full Name of Mother,* Nellie Agnes Connor
6. *Mother's Maiden Name,* Nellie Terry
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* E Benjamin Connor.
9. *Father's Occupation.* Coachman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Robt T. Wilson. MD

Address, 820 Park Ave

Remarks, 8920000128 She had a Midwife after Dr was called in.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and the place of birth; and the name, occupation and place of birth of its parents, the date and the first and last day of each and every month to the office of the Commissioner of Health. In case no other person be required, and said schedule shall be delivered within the period above required, and third day of each and every month to the office of the Commissioner of Health. In case no other person be required, and shall occur without the attendance of a physician or midwifery, or should no return be made by the person above required, and immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 366620.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 9 1892
4. *Place of Birth, (Street and Number)* No. 84 Harford ave, ext.
5. *Full Name of Mother,* Maggie Connell.
6. *Mother's Maiden Name,* Maggie O'Neill.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Philip Connell.
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Chas. A. Elwell Jr.
Address, 1741 Harford ave

Remarks, 8 9 2 0 0 0 0 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15th 1892
4. Place of Birth, (Street and Number) 341 Lancaster str.
5. Full Name of Mother, Josha ~~Shawoski~~ Shucofski
6. Mother's Maiden Name, Josha Shawoski
7. Mother's Birthplace, Poland
8. Full Name of Father, Michael Shucofski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Rosa Shucofski

Address, 1723 Thame St.

Remarks, 1892000130

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 36660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 16. 1892.
4. *Place of Birth, (Street and Number)*	Baltimore Stockholm 851.
5. *Full Name of Mother,*	Charlotte Houston
6. *Mother's Maiden Name,*	Charlotte Jackson
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William H. Houston
9. *Father's Occupation,*	Oysters & Shucker.
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return	Annie Carson
Address,	851 Stockholm st
Remarks.	Clinic Well. 8920000131

Health. This schedule shall contain a list of the [illegible] name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or other person in attendance upon the mother, immediately thereafter to the Commissioner of Health, in lieu of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter to become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in lieu of a certificate within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 366663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 28th 1892
4. *Place of Birth, (Street and Number)*	1734 E Fredkins St
5. *Full Name of Mother,*	Georgiana Hall
6. *Mother's Maiden Name,*	Hall
7. *Mother's Birthplace,*	Charles County Md
8. *Full Name of Father,*	William Henry Hall
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Charles County Md.
Name of Medical Attendant, or other person who makes this Return,	Jane E Stevens
Address,	123 N Broadway
Remarks,	18920000132

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3. Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Jan 20 th 1892
4.	*Place of Birth, (Street and Number)*	# 18. Bekes. Court
5.	*Full Name of Mother,*	Mrs Mary Worthington
6.	*Mother's Maiden Name,*	Miss " Linchay
7.	*Mother's Birthplace,*	Irland
8.	*Full Name of Father,*	Mr Thomas Worthington
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Irland
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt Str
	Remarks,	8 9 2 0 0 0 0 1 3 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, on or before the third day of each and every month to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In the event that any such birth shall occur without the attendance of a physician or midwife, then it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, or to such person as he may designate for the purpose, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 January
4. *Place of Birth, (Street and Number)* 607 South Wolf Street.
5. *Full Name of Mother,* Lizzie Burke
6. *Mother's Maiden Name,* Mires
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Will Burke
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Waicke Getzke

Address, # 114 South Bond Street

Remarks,

1 8 9 2 0 0 0 0 1 3 4

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician or midwife, to the office of the Commissioner of Health within the period above required, and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 366666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th Jan. 1892
4. Place of Birth, (Street and Number) 2 Lancaster 1716
5. Full Name of Mother, Rosa Schmidt
6. Mother's Maiden Name, Olshefski
7. Mother's Birthplace, Poland
8. Full Name of Father, Kasper Schmidt
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ros Schmidt

Address, 1725 Thame St.

Remarks, 8920000135

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 9/24/67

RETURN OF A BIRTH.

36667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CAROLYN ~~SPUCK~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21, 1892.
4. Place of Birth, (Street and Number) Res. 1710 Hanford ave.
5. Full Name of Mother, Fannie Spuck.
6. Mother's Maiden Name, Fannie Scroggs.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Spuck.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eug. R. Elwell M.D.

Address, 1741 Hanford ave.

Remarks, 8920000136

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

366668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 23 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 21 1892

4. Place of Birth (Street and Number), 709 Bond st

5. Full Name of Mother, Julia Mulvey

6. Mother's Maiden Name, Martin

7. Mother's Birthplace, Harrisburg

8. Full Name of Father, Thomas Mulvey

9. Father's Occupation, Teamster

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs. Scantlings

Address, 12 E Montgomery st.

Remarks, 1892000137

This Return must be made as far as the same can be ascertained the full name of each child, if any shall have been concealed, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

3 6 6 6 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 January

4. Place of Birth, (Street and Number) 127 South Caroline Street

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Wolbert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Wincke Gothe

Address, # 114 South Bond Street

Remarks, 18920000138

CITY 1892 JAN 25

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 22 January.
4. *Place of Birth, (Street and Number)* 234 South Bond Stret.
5. *Full Name of Mother,* Lizzie Flegran.
6. *Mother's Maiden Name,* Cahill.
7. *Mother's Birthplace.* Baltimore.
8. *Full Name of Father,* Joe Flegran.
9. *Father's Occupation,* Varnish.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Ulrich Getzke.

Address, 114 South Bond Stret.

Remarks, 1892000139

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, January 23th 1892
4. Place of Birth, (Street and Number) 6.20 Scarlton St
5. Full Name of Mother, Ella × Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Richmon Va
8. Full Name of Father, Willam haywood
9. Father's Occupation, Working in Brickyard
10. Father's Birthplace, Pakto, md

Name of Medical Attendant, or other person who makes this Return, mary Barnes

Address, 6.20 Scarlton St

Remarks, 1892000720 40

Health. This schedule shall contain a list of the births which occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

36672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, January 23. 1892.
4. Place of Birth, (Street and Number) S. Eutaw St. No. 819.
5. Full Name of Mother, Mrs Susan Holland.
6. Mother's Maiden Name, Susan Sanders.
7. Mother's Birthplace, Calvert County. Md.
8. Full Name of Father, John Holland.
9. Father's Occupation, Oyster Shucker.
10. Father's Birthplace, Calvert County. Md.

Name of Medical Attendant, or other person who makes this Return, Aug. F. Volkmann, M. D.

Address, No. 620 S. Eutaw St.

Remarks, Neither of the Parents of this Child has a middle name.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1st

1. Sex, (state whether male or female) 2 boys & one girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 23 d, 1892
4. Place of Birth, (Street and Number) Lancaster 1713
5. Full Name of Mother, Anna Martha
6. Mother's Maiden Name, Wlchefski
7. Mother's Birthplace, Poland
8. Full Name of Father, John Martha
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Rosa Shmofski

Address, / 1723 Thame St.

Remarks, 1 8 9 2 0 0 0 0 1 4 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3667C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~state whether male or~~ female) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth, Jan'y 2d 92.
4. Place of Birth, (Street and Number) No 9 N. Calhoun St.
5. Full Name of Mother, Frances C. Schroeder.
6. Mother's Maiden Name, Frances C. Corrie.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John C. Schroeder.
9. Father's Occupation, Sailor Mate.
10. Father's Birthplace, Bremen Germany.

Name of Medical Attendant, or other person who makes this Return. John A. R. Hazen M.D.

Address, 662. W. Lexington St.

Remarks, 1892000143

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

RETURN OF A BIRTH.

3667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Son 3 Sunday 330 o'clock
2. Sex, (state whether male or female) State female
3. Race or Color, (if not of the white race) Israel colored child
4. Date of Birth, Sunday Jan 3 330 o'clock
5. Place of Birth, (Street and Number) here St 1707 Baltimore
6. Full Name of Mother, mrs Vidalia Gunis
7. Mother's Maiden Name, mr Alice Barnes
8. Mother's Birthplace, King and queen Co Va
9. Full Name of Father, Jerry L Lewis
10. Father's Occupation, Stevedore in Balto Storage Co.
11. Father's Birthplace, Essex Co Va
12. Name of Medical Attendant, or other person who makes this Return, Mrs. Alice Barnes.
13. Address, No 528 Baker St Balto Md.
14. Remarks, 8920000144

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c~~)

1. *Sex,* (*State whether* ~~*male or*~~ *female*)
2. *Race or color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* Jan 6/12
4. *Place of Birth,* (*Street and Number*) 160 N. Bond St.
5. *Full Name of Mother,* Lillie M.
6. *Mother's Maiden Name,* York Co.
7. *Mother's Birthplace,* Chas. H. Holthaus
8. *Full Name of Father,* Bookkeeper
9. *Father's Occupation,* Baltimore Co. Md.
10. *Father's Birthplace,* Md.

Name of Medical Attendant or other person who makes this Return. 1502 N. Bond St.

Address,

Remarks, T. O. C. 8 9 2 0 9 0 0 1 4 5.

CITY CLERK

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

36676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	8th Jan 1892
4. *Place of Birth, (Street and Number)*	112 Winter st
5. *Full Name of Mother,*	Ida Fuge
6. *Mother's Maiden Name,*	Ida Wallace
7. *Mother's Birthplace,*	Balto
8. *Fult Name of Father,*	H. Fuge
9. *Father's Occupation,*	Watchguard
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Caroline Wallace
Address,	49 W. West st Balto
Remarks,	8920000146

WM. C. HILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth Seven

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th January
4. Place of Birth, (Street and Number) 212 W. Wells Street
5. Full Name of Mother, Julia Milligan
6. Mother's Maiden Name, Julia Merrill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Milligan
9. Father's Occupation, Brickmason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. A. Morris

Address, Saint Paul & Saratoga Sts

Remarks, I have been called but not seen it

8920000147

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the been conferred) its sex, color, the full name and [illegible] of each child's parents, the date and place of the first and said schedule shall be delivered, duly signed by the [illegible] the form of a certificate between [illegible] third day of each and every month to the office of [illegible] of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected with costs, other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 15th

4. Place of Birth, (Street and Number) 1544 Argyle ave

5. Full Name of Mother, Hester Pistol

6. Mother's Maiden Name, " Hahn

7. Mother's Birthplace, Washington, D. C.

8. Full Name of Father, Lawrence Pistol

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Silas Bardinier

Address, 700 Lafayette ave.

Remarks, 1892 0000148

Under what circumstances a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are now by law recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 36678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. Only registered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 22nd 1892
4. Place of Birth, (Street and Number) 124 Richmond Al-
5. Full Name of Mother, Elizabeth A. Hill.
6. Mother's Maiden Name, " " " " Lee.
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Pleasant Miles Hill
9. Father's Occupation. Waiter
10. Father's Birthplace, Amelia Co Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave.

Remarks, 1 8 9 2 0 0 0 0 1 4 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

36679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, January 22nd 1892.
4. Place of Birth (Street and Number), 1632 E. Charles St.
5. Full Name of Mother, Dora Smith
6. Mother's Maiden Name, Dora Hoffman
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, James Smith
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover St

Remarks,

8920000150

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, its birthplace and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of [illegible] between the first and third day of each and every month to the office of the Commissioner of Health, or shall [illegible] of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 36610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	22nd Jan 1892
4. *Place of Birth, (Street and Number)*	19 Fidler st
5. *Full Name of Mother,*	Susan Sanders
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Somerset County Md
8. *Full Name of Father,*	Edward Sanders
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Millsboro Del
Name of Medical Attendant, or other person who makes this Return.	Corine Moore
Address,	19 N West st Balto
Remarks,	1892000151

Penalty.—Any person who shall neglect to report the birth of any child, or the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the name conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the mother, including the present birth, and the certificate between the first and said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person be in attendance, by the mother, to the Commissioner of Health. In case the birth of any child third day of each and every month to the officer of the Board of Health, or should no other person be in shall occur without the attendance of a physician or midwife, the mother of such child shall become liable to the penalty of this section within the period above required, and attendance upon the mother, immediately thereafter, shall become liable to the penalties of this section shall be sub- child to report its birth to the Commissioner of Health in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jan 22nd 3 Oclock morning

1. Sex, (state whether male or female) Sex female
2. Race or Color, (if not of the white race) Race colored
3. Date of Birth, Jan 22nd 3 Oclock morning
4. Place of Birth, (Street and Number) 1709 Pierce St Balto City
5. Full Name of Mother, Cathie Snowden
6. Mother's Maiden Name, Cathie Willis
7. Mother's Birthplace, Howard County
8. Full Name of Father, Samuel Snowden
9. Father's Occupation, driver at store at Ellicotts Mills
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Barnes

Address, 538 Baker St Baltimore, Md

Remarks, 18920000152

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its ... ns, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in ... Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

3668

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Bessie Zimbler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 25 92
4. Place of Birth, (Street and Number)	N E Cor Green & Lemmon
5. Full Name of Mother,	Jennie Zimbler
6. Mother's Maiden Name,	n Kellner
7. Mother's Birthplace,	Austria
8. Full Name of Father,	Lewis Zimbler
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw St
Remarks,	8920000153

Health. This schedule shall contain a list of the births [illegible] have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the [illegible] Physician or Midwifery, or should no other person be in third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such attendance upon the mother, immediately thereafter, [illegible] manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36683.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kinder.

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, 1 Januar

4. Place of Birth, (Street and Number) 1575 Gough Str.

5. Full Name of Mother, Louise Bondy

6. Mother's Maiden Name, Louise Benesch

7. Mother's Birthplace, Böhmen

8. Full Name of Father, Albert Bondy

9. Father's Occupation, Bier

10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return, Marie Pretl.

Address, 1575 Gough Str.

Remarks, 1 Januar 1892

JAN 28 1892 HEALTH CITY

month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 28 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kinder

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, January 4

4. Place of Birth, (Street and Number) Division str. 1614

5. Full Name of Mother, Annie Bushman

6. Mother's Maiden Name, Annie Stramer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bushman

9. Father's Occupation, Varnisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address, 8 S Broadway

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 1892
4. Place of Birth, (Street and Number) 520 N Schroeder St
5. Full Name of Mother, Isabella McHarry
6. Mother's Maiden Name, Jamison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm R McHarry
9. Father's Occupation, Restaurant
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mary A Ledley

Address, 1004 W Lexington

Remarks, 8 9 2 0 0 0 0 1 5 6

month, and shall set forth as far as the same can be ascertained the full name, of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36686.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JAN 28 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kinder

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Kaf 10 Januar

3. Date of Birth, S. Dallas str. 813.

4. Place of Birth, (Street and Number) Annie Roycraft

5. Full Name of Mother, Annie Verges

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Wm. H. Roycraft

8. Full Name of Father, Trade Ship Caulka

9. Father's Occupation, Baltimore

10. Father's Birthplace, Marie Pretl

Name of Medical Attendant, or other person who makes this Return,

Address, 1892 O Bond St 7838

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Kind
1. Sex, (state whether male or female)	Mädchen
2. Race or Color, (if not of the white race)	Weiss
3. Date of Birth,	January 17 1897
4. Place of Birth, (Street and Number)	5. Bond str. 605
5. Full Name of Mother,	Kattie Beltkovsky
6. Mother's Maiden Name,	Kattie Kovalska
7. Mother's Birthplace,	Pries
8. Full Name of Father,	Stanislaw Beltkovsky.
9. Father's Occupation,	Fischler
10. Father's Birthplace,	Pries.
Name of Medical Attendant, or other person who makes this Return,	Marie Pell
Address,	
Remarks,	J.8 B2.D.240 838.5 8

JAN 28 1897

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, and shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Qww

36688.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Robert McConnell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

1. Race or Color, (if not of the white race) W

2. Date of Birth, Jan the 11 1892

3. Place of Birth, (Street and Number) 1024 West Saratoga St

4. Full Name of Mother, Maggie McConnell

5. Mother's Maiden Name, Griffin

6. Mother's Birthplace, Baltimore Md

7. Full Name of Father, John B. McConnell

8. Father's Occupation, Engineer

9. Father's Birthplace, Manchester England

10. Name of Medical Attendant, or other person who makes this Return, M N Bradley

Address, 1004 W. Lexington

Remarks,

1892 CITY OF BALTIMORE

1892 18920000159

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Kinder
1. Sex, (state whether male or female)	Mädchen
2. Race or Color, (if not of the white race)	Weiß
3. Date of Birth,	Januar 16
4. Place of Birth, (Street and Number)	Bank str. 1831
5. Full Name of Mother,	Gina Fredericka Minderlein
6. Mother's Maiden Name,	Gina Fred. Jerscheid
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	Philip Minderlein
9. Father's Occupation,	Trajbl
10. Father's Birthplace,	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Marie Pretl
Address,	S. Bond str 838
Remarks,	1892000000160

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

CITY REGISTRAR 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 20
4. Place of Birth, (Street and Number) Bal 511 Cross alley
5. Full Name of Mother, Ida Pratt
6. Mother's Maiden Name, Ida Williams
7. Mother's Birthplace, Ellicott City
8. Full Name of Father, Samuel Pratt
9. Father's Occupation, Marble Rubber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Celestia Cook

Address, 1008 Sheilds alley

Remarks,

8 9 2 0 0 0 0 1 6 1

1892 28

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-14-52

RETURN OF A BIRTH. 36691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 28 1892

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sophia Hellmann 5
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan. 21st 1892
4.	*Place of Birth, (Street and Number)*	Baltimore 615 Wyeth St
5.	*Full Name of Mother,*	Rickie Hellmann
6.	*Mother's Maiden Name,*	Rickie Manning
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	William Hellmann
9.	*Father's Occupation,*	Cigar Maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Banga
	Address,	
	Remarks,	1892000162

month and birth set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Black
3.	*Date of Birth,*	Jan 21 1892
4.	*Place of Birth, (Street and Number)*	616 N Fremont Alley
5.	*Full Name of Mother,*	Emma J Carroll
6.	*Mother's Maiden Name,*	Emma Johnson
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Chas. Carroll
9.	*Father's Occupation,*	Sailor
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Susan Naylor
	Address,	261 N Fremont Alley
	Remarks,	

8920000163

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the officiating practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth child
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	colored
3. Date of Birth,	21st of January
4. Place of Birth, (Street and Number)	No 1218 Pace
5. Full Name of Mother,	Susan Carnish Standly Barkerstuck.
6. Mother's Maiden Name,	Juan Carnish
7. Mother's Birthplace,	Laboring work.
8. Full Name of Father,	Cambridge
9. Father's Occupation,	Gracey Harris
10. Father's Birthplace,	No 818. Stockholm st.
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	8920000164

month, and shall set forth as far as the same can be ascertained, the full name and residence of the parents, the date and place of birth; and the full name and occupation of the physician or midwife present at the birth, if any, and the been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife present at the birth, if any, and the third day of each and every month to the office of the Registrar of Vital Statistics, or shall cause the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty, of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex (~~state whether male or~~ female), White
2. Race or Color (if not of the white race),
3. Date of Birth, Jan. 22, 1912
4. Place of Birth (Street and Number), 1202 Broad Alley
5. Full Name of Mother, Sarah Fineman
6. Mother's Maiden Name, Sarah Coplin
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Fineman
9. Father's Occupation, Painter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rachael Zeiger

Address, 1141 E. Lombard St

Remarks,

8 9 2 0 0 0 0 1 6 5

This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

3665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 of January
4. Place of Birth, (Street and Number) No 1136 Fleet Ky St.
5. Full Name of Mother, Olga Nagel
6. Mother's Maiden Name, Olga Jung
7. Mother's Birthplace, Stuttgart Würtenberg Germany
8. Full Name of Father, Christian F. Nagel
9. Father's Occupation, Butcher
10. Father's Birthplace, Stetten Würtemberg Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hanagel

Address,

Remarks,

8920000166

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Kindr

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) Kajs
3. Date of Birth, Januar 22
4. Place of Birth, (Street and Number) S. Bond str. 502
5. Full Name of Mother, Kaporocina Loube
6. Mother's Maiden Name, Kaporocina Kasprevic
7. Mother's Birthplace, Prajzn
8. Full Name of Father, Lorenc Loube
9. Father's Occupation, Arbajtr
10. Father's Birthplace, Prajzn

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address,

Remarks, S. Bond str. 838.

8920000167

JAN 23 1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

3 6 6 6 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Jan 22 1892
4. *Place of Birth (Street and Number),* Courtland st 322
5. *Full Name of Mother,* Osceola Gorrell
6. *Mother's Maiden Name,* Osceola Gorrell
7. *Mother's Birthplace,* Ellicott City
8. *Full Name of Father,* Chas Gorrell
9. *Father's Occupation,* Lived on Farm
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Mayers

Address, 223 Clay st

Remarks, C

1892 0 0 0 0 1 6 8

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 36698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Jan 23rd 1892
4. *Place of Birth, (Street and Number)*	1606 John St
5. *Full Name of Mother,*	Kate Howard
6. *Mother's Maiden Name,*	Toland
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Alfred Howard
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr R. Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

8 9 2 0 0 0 0 1 6 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

~~CERTIFICATE CORRECTED 2-10-50~~

RETURN OF A BIRTH.

36699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Jesse A. Hitchcock 1
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	January 24, 1892 ~~Jan 23 1892~~
4. *Place of Birth, (Street and Number)*	401 W Fourth St
5. *Full Name of Mother,*	Bertha Hitchcock
6. *Mother's Maiden Name,*	Ford
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John A Hitchcock
9. *Father's Occupation,*	Dairyman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	DR. Weisler
Address,	1900 McKeldin Terrace
Remarks,	

18920000170

WM. J. C DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36700

NAME ADDED 2/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ALBERT CHARLES SCHROEPPER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23rd Dec 1896
4. *Place of Birth, (Street and Number)* 832 Monroe St Balto
5. *Full Name of Mother,* Barbara Schroepfer
6. *Mother's Maiden Name,* Barbara Balcauf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Aug Schroepfer
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Wilhelm Metz

Address, 830 Paca St Baltimore

Remarks,

8920000171

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24
4. Place of Birth, (Street and Number) 861 Lemon St
5. Full Name of Mother, Jane Cavany
6. Mother's Maiden Name, Jane Kelly
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Martin Cavany
9. Father's Occupation, Teamster
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St. near Ridgley

Remarks,

8920000172

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3690n

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 24, 1892.
4. Place of Birth, (Street and Number) 1145 Register Street.
5. Full Name of Mother, Emma Asbury.
6. Mother's Maiden Name, Emma Asbury.
7. Mother's Birthplace, Fairmont Va.
8. Full Name of Father, Perry Asbury.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange.

Address, 711 Cross Street.

Remarks,

8920000173

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25 192
4. Place of Birth, (Street and Number) 923 Bryan st
5. Full Name of Mother, Lena Klein
6. Mother's Maiden Name, Lena Rickards
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. W. Klein
9. Father's Occupation, Bottler
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross Street

Remarks,

8920000174

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in person, of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

36704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 25-th 1892
4. *Place of Birth (Street and Number)*	131 W. Conway st
5. *Full Name of Mother*	Maggie Shepard
6. *Mother's Maiden Name*	Maggie Leahr
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Frank Shepard
9. *Father's Occupation*	Saddler
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	E. Michelau M.D.
Address	516 D. Sharp st
Remarks	

8920000175

RETURN OF A BIRTH.

36708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4 26 1892
4. Place of Birth, (Street and Number) 784 Sargeant St
5. Full Name of Mother, Helena Schulz
6. Mother's Maiden Name, Gunther
7. Mother's Birthplace, Balto
8. Full Name of Father, Benno Schulz
9. Father's Occupation, Tiner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. A. Leddy

Address, 1004 N Jefferson St

Remarks,

8920000176

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] thereafter, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 Feb
4. *Place of Birth, (Street and Number)*	2505 Mary St
5. *Full Name of Mother,*	Anne Cook
6. *Mother's Maiden Name,*	Ann Deams
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	Ella B Cook
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Baltimore MD
Name of Medical Attendant, or other person who makes this Return,	Mrs Donley
Address,	1035 Walsh St
Remarks,	Now

8920000177

Health. This schedule shall contain a list of the births which occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, duly signed by the practitioner in the form [illegible] a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form [illegible] a certificate of the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, [illegible] other fines and forfeitures are recoverable.

1898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 36707

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JAN 28 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7h 25m A. M. 27th January, 1892.
4. *Place of Birth (Street and Number)*	2618 St Paul St Baltimore, Md.
5. *Full Name of Mother*	Margaret Ella Hanway
6. *Mother's Maiden Name*	Margaret Ella Green
7. *Mother's Birthplace*	Baltimore, Maryland.
8. *Full Name of Father*	Winfield Scott Hanway
9. *Father's Occupation*	In the Ice business
10. *Father's Birthplace*	Baltimore, Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Chas. J. Roth M. D.
Address	662 N. Franklin St
Remarks	Formerly at 817 N. Howard St

8920000178

RETURN OF A BIRTH 3670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul H. Wetherell Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth.*	Jan 27. 92
4. *Place of Birth, (Street and Number)*	27 E. Lan St
5. *Full Name of Mother,*	Mrs. Virginia Colbert Wetherell
6. *Mother's Maiden Name*	Mrs " Colbert
7. *Mother's Birthplace.*	Balt. Md
8. *Full Name of Father.*	John Thos. Wetherell
9. *Father's Occupation.*	Superintendent L&B & L.I. Ferry Co.
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	C. C. Lusk M.D.
Address,	2000 E. Balt. St.
Remarks.	Born at home Father informant

by Dr. C. C. Lusk

1892 0000179

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the parent, it shall then become the duty of the parent or parents of such child to report the births and deaths of illegitimate children, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JAN 27 1892

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1892
4. *Place of Birth, (Street and Number)* #1323 Hart St
5. *Full Name of Mother,* Hannie Cleary
6. *Mother's Maiden Name,* Meade
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Cleary
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah Millard

Address, #1032 E Monument St

Remarks,

1892000180

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 4th 1892.
4. *Place of Birth, (Street and Number)* 1417 N. Gay St.
5. *Full Name of Mother,* Rosa Hesnick.
6. *Mother's Maiden Name,* Goldstine.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Bernhard Hesnick.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosa Hellegust

Address, 1038 E. Monument St.

Remarks,

8920000181

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

be ascertained, the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation the first and
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Comm
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter, it sha
child to report its birth to the Commissioner of Health, pr
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.
month, and shall set forth as far as the same can be

GIVEN NAME ADDED 4-11-57

RETURN OF A BIRTH.

36711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lawrence Wilson Sadler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1892.
4. Place of Birth, (Street and Number) 1110 Ensor St
5. Full Name of Mother, Lawrence Sadler
6. Mother's Maiden Name, Eugene
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John H Sadler
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Dora Hillegeist

Address, 1103 E. Monument St.

Remarks,

8920000182

JA 28

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* April 8th 1892
4. *Place of Birth.* (*Street and Number*) #206 N Pierce St
5. *Full Name of Mother,* Mary Wood Nicholson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* H Clinton Wood
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Jno Chas Neilson M.D. 1021 E Monument St.

Address,

Remarks,

1892000183

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to so report, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 36713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Jan 15th 1892
4. *Place of Birth, (Street and Number)* 1021
5. *Full Name of Mother,* Kate Brune
6. *Mother's Maiden Name,* " Lewon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Henry
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Howard L. Silver M.D.

Address, 1127 E Fayette St

Remarks. 8920000184

Health. This schedule shall contain a list of the births, with the names, surnames, and residences of the parents of each child, if any shall have been ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the father, and the date and place of birth, and the maiden name, occupation, and place of birth of the mother of each child born in the said month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 19th 1892
4. Place of Birth, (Street and Number) 1005 Hillman St
5. Full Name of Mother, Kate Geraghty
6. Mother's Maiden Name, " Russell
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Geraghty
9. Father's Occupation, Baker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Dora Hillman

Address, 1031 E. Monument St

Remarks,

18920000185

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH.

3/7/15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20th 1892
4. *Place of Birth, (Street and Number)* 317 Cohen St
5. *Full Name of Mother,* Lena Stupper
6. *Mother's Maiden Name,* Boracker
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chas Stupper
9. *Father's Occupation,* Livery stable
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Stupper

Address, 1038 E Monument St

Remarks,

8920000186

WM J C DULANY CO CITY PRINTERS AND STATIONERS

The name of each child, if any shall have been ascertained. The full name and occupation of its parents, the date and place of birth, and the number, and shall set forth as far as the same can be ascertained in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24 th 1892
4. *Place of Birth, (Street and Number)*	№ 127 William St
5. *Full Name of Mother,*	Bessie Whelth
6. *Mother's Maiden Name,*	Bessie Horun
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Whelth
9. *Father's Occupation,*	Candy maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	№ 1517 Byrd St
Remarks,	

8920000187

Health. This schedule shall contain a list of the surnames and the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 25th 1917
4. *Place of Birth, (Street and Number)*	Balto No 421 Myrtle Ave
5. *Full Name of Mother,*	Mary Lane
6. *Mother's Maiden Name,*	Mary Trusty
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Willie R Lane
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Miss Minty Taylor
Address,	#762 Sarah-ann St Balto
Remarks,	

8920000188

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 36718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) [redacted]male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, January the 25 . 1892.
4. Place of Birth, (Street and Number) 202 S. Dallas St.
5. Full Name of Mother, Mary C Dulton
6. Mother's Maiden Name, Mary C More
7. Mother's Birthplace, Dorchester County . Md.
8. Full Name of Father, William J Dulton
9. Father's Occupation, Labor
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wester Winson

Address, 1.05 South Dallas St

Remarks, Nothing Secarse happen.

8920000189

SM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 36719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 26th 1892
4. *Place of Birth, (Street and Number)*	No 1709 Elizabeth Lane
5. *Full Name of Mother,*	Eblen E. Kirby
6. *Mother's Maiden Name,*	Ellen E. Tidmings
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Kirby
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hoiming
Address,	No 1517 Byrd st
Remarks,	

8920000190

Health. This schedule shall contain a list of the births within the city during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 January
4. Place of Birth, (Street and Number) Baltimore 1011 Burguandy Ct
5. Full Name of Mother, Ida E Bownass
6. Mother's Maiden Name, Ida E Watts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Bownass
9. Father's Occupation, Junk Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E Bentley - 929 S Paca St

Address,

Remarks, Child living 91

Health. This schedule shall contain a list of [illegible] which shall be entered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner or midwife in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 29

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3672.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 26th
4. *Place of Birth, (Street and Number)* 659 Josephine St
5. *Full Name of Mother,* Elizabeth Williams
6. *Mother's Maiden Name,* Elizabeth Mathews
7. *Mother's Birthplace,* Reisterstown Md
8. *Full Name of Father,* George W. Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick County Md

Name of Medical Attendant, or other person who makes this Return. Araminta Taylor

Address, 762 Sarah Ann St

Remarks, none

8920000192

Health. This blank is to be filled out in full as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Frederick Silbernagel Jr. 36772

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27th 1892
4. Place of Birth, (Street and Number) 1113 Durst alley.
5. Full Name of Mother, Mary L. Silbernagel
6. Mother's Maiden Name, Heil
7. Mother's Birthplace, Germany
8. Full Name of Father, John F. Silbernagel
9. Father's Occupation, Store keeper
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohn

Address, 1118 E. Baca st.

Remarks,

8920000193

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and residence of its parents, the day and place of its birth, and the said schedule shall be delivered, U.S. mail, postage paid, to the Board of Health. In case the certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or of a physician, or other person be in attendance upon the mother, immediately there after it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and should no other person be in attendance upon the mother, immediately there after it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered, as other fines and penalties are recoverable.

. FIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,* Tuesday	Jan 27 th 1892
4. *Place of Birth, (Street and Number)*	Balto 225 Arch st
5. *Full Name of Mother,*	Hattie Shaverd
6. *Mother's Maiden Name,*	Hattie Thomas
7. *Mother's Birthplace,*	Estern Shore
8. *Full Name of Father,*	Henry Shaverd
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Estern Shore
Name of Medical Attendant, or other person who makes this Return.	Minty Taylor
Address,	#762 Sarah ann st Balto
Remarks,	

8920000194

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner or nurse in charge, in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person in the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 1/23/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

36734.

Name: CATHERINE AGNES

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st COUGHLIN

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1, 1892
4. *Place of Birth, (Street and Number)* 632 Biddle St.
5. *Full Name of Mother,* Julia Coughlan
6. *Mother's Maiden Name,* Julia Ely Larned
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Coughlan
9. *Father's Occupation,* Milk Dealer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne.

Address, 726 Eutaw St

Remarks,

DATE OF FILING: JAN 30 1892

18920000195

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4 1892.
4. *Place of Birth, (Street and Number)* 2303 Foster Ave.
5. *Full Name of Mother,* Mary Logan
6. *Mother's Maiden Name,* Mary Boyd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Logan
9. *Father's Occupation,* Labr
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne Ave

Remarks,

8920000196

WM J C DULANY CO CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or person acting as such, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person acting as such, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 3626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1892.
4. Place of Birth, (Street and Number) 912 Eutaw St
5. Full Name of Mother, Catherine Hunt
6. Mother's Maiden Name, Catherine Schumer
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Hunt.
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 706 Suzane St.

Remarks,

8920000197

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 20 1892
4. *Place of Birth, (Street and Number)*	234 E. Montgomery St
5. *Full Name of Mother,*	Emma Koch
6. *Mother's Maiden Name,*	Pierson
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Fred. Koch
9. *Father's Occupation,*	Iron-moulder
10. *Father's Birthplace,*	Ba.
Name of Medical Attendant, or other person who makes this Return	DeLaunay H. Barclay M.D.
Address,	108 N. Conkling St
Remarks,	

1892000019 8

Health. This schedule shall contain a list of the names of every child, (if any shall have been born), and shall set forth as far as the same can be ascertained of each child, the full name and occupation of its parents, and the month, and shall set forth as far as the same can be ascertained of each child, the full name and occupation of its parents, and the place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, and the place of birth, and the date of birth; and a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attending physician or midwife, or other practitioner in the case, to the office of the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable

RETURN OF A BIRTH. A 36728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 4, 1892.
4. *Place of Birth, (Street and Number)* 731 Luzerne St.
5. *Full Name of Mother,* Barbra Lehman.
6. *Mother's Maiden Name,* Barbra Steven
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Lehman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1892000001 99

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 36729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th. January - 1892
4. Place of Birth, (Street and Number) 2406. Lancaster St
5. Full Name of Mother, Mary Elizabeth Bablitz
6. Mother's Maiden Name, Mary Elizabeth Creamer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Henry Bablitz
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Creamer

Address, 2406 Lancaster St

Remarks,

1 8 9 2 0 0 0 0 2 0 0

Health. This section shall not be construed to [illegible] child, if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife in attendance, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the parent or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

36/30.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 6, 1892

4. Place of Birth, (Street and Number) 104 Luzerne St

5. Full Name of Mother, Mary Tuton

6. Mother's Maiden Name, Mary Jane Murphy.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Tuton

9. Father's Occupation, Boat Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St

Remarks,

8 9 2 U 0 0 0 2 0 1

JAN 13 1892

HEALTH. The information asked for in this certificate is required by the Board of Health, and must be given before a certificate can be procured. The name of each child, if any shall have been ascertained, the full name of each child, if any shall have been ascertained the full name of each child, if any shall have been ascertained; the same can be ascertained the full name of each child, if any shall have been ascertained; the same can be ascertained the full name of each child, if any shall have been ascertained; the same can be

RETURN OF A BIRTH

A 36731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) White
3. Date of Birth, Twenth Of January 1892
4. Place of Birth, (Street and Number) Luerzern # 806
5. Full Name of Mother, Rosa Eggers
6. Mother's Maiden Name, Rosa Seifert
7. Mother's Birthplace, Switzerland between Odonal and Electo
8. Full Name of Father, Henry Lewis Filippe Eggers
9. Father's Occupation, Laibor
10. Father's Birthplace, New york city

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Creamer

Address, 2406 Lankaster Baltimore M D

Remarks,

8 9 2 0 0 0 0 2 0 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 1892
4. *Place of Birth, (Street and Number)* 2418 Lancaster St
5. *Full Name of Mother,* Lizzie Hopkins.
6. *Mother's Maiden Name,* Lizzie Lence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hopkins
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St

Remarks,

register of births, and shall enter in a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife, if any should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

1892000203

RETURN OF A BIRTH. 36733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16, 1892
4. *Place of Birth, (Street and Number)* 2420 Fairfax Ave.
5. *Full Name of Mother,* Kate Haze
6. *Mother's Maiden Name,* Kate Bumpla.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Haze
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Swayne

Address, 726 Luzerne St.

Remarks,

1892000000204

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-15-56

RETURN OF A BIRTH.

A 36734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Amelia Bauernschub.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Jan. 10th 1892.
4. Place of Birth, (Street and Number)	#205 Luper Street.
5. Full Name of Mother,	Lizzie Bauernschub.
6. Mother's Maiden Name,	Lizzie Thom.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Peter Bauernschub.
9. Father's Occupation,	Cooper.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Geo. Byrns.
Address,	#1600 N. Chester St.,
Remarks,	Baltimore Md.

1892000205

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, in exchange for a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 387/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 29 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 14th 1892.
4. Place of Birth, (Street and Number)	#1800 Biddle St.
5. Full Name of Mother,	Maggie Dietman.
6. Mother's Maiden Name,	Maggie Funck.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Nicholas Dietman.
9. Father's Occupation,	Tavern Keeper.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Grupe.
Address,	#1600 E. Biddle St.
Remarks,	

18920000206

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	13 th January 1892
4.	Place of Birth, (Street and Number)	No. 1001 Hollins St.
5.	Full Name of Mother,	Annie Brown
6.	Mother's Maiden Name,	Annie Kirby
7.	Mother's Birthplace,	Baltimore
8.	Full Name of Father,	Timothy Brown
9.	Father's Occupation,	Laborer
10.	Father's Birthplace,	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Hunter
	Address,	23 N Poppleton St.
	Remarks,	

1892 JAN 18 CITY OF BALTIMORE

1 8 9 2 0 0 0 0 2 0 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan 13, 1892.
4. Place of Birth, (Street and Number) 634 Burke St.
5. Full Name of Mother, Kate Nelson
6. Mother's Maiden Name, Kate Stockman.
7. Mother's Birthplace, Baltimore
8. Full Name of Father. John Nelson
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000208

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-9-52

RETURN OF A BIRTH. A 36738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Dollye Georgeanna Stevens 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 13th 1892.
4. Place of Birth, (Street and Number) 2004 Jasper St.
5. Full Name of Mother, Elsie Stevens.
6. Mother's Maiden Name, Elsie Clottier.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Harry S. Stevens.
9. Father's Occupation, Cartdriver.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Brown

Address, #1600 N. Chester St.

Remarks,

1892 0 0 0 0 2 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14 1892.
4. *Place of Birth, (Street and Number)* 2417 Lombard St.
5. *Full Name of Mother,* Hanora Doyle
6. *Mother's Maiden Name,* Hanora Mahony
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Mike Doyle.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 126 Luzerne St.

Remarks,

1892000000210

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the names of all children born within the limits of the City of Baltimore, which have occurred under his or her care during the month, and shall set forth as far as the same may be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan. 26, 1892.
4. *Place of Birth, (Street and Number)* 2513 Eastern Ave
5. *Full Name of Mother,* Ida Irland
6. *Mother's Maiden Name,* Ida Edwards.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Arlangle.
9. *Father's Occupation,* Can Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1 8 9 2 0 0 0 0 2 1 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE
JAN 30
1892

RETURN OF A BIRTH. 3674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 11th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 20th 1892

4. Place of Birth, (Street and Number) Baltimore 1917 N. Lombard St

5. Full Name of Mother, Mrs. Mary C. Kilkelly

6. Mother's Maiden Name, Lyons

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Justice G. Kilkelly

9. Father's Occupation, Ex Lieutenant

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pennpelton St

Remarks,

1892000021 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 36742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jany 20/92
4. Place of Birth (Street and Number),	645 Druid St
5. Full Name of Mother,	Bridget Leonard
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Samuel J Leonard
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Thornton
Address,	Locust St
Remarks,	

1 8 9 2 0 0 0 0 2 1 3

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 Januar.
4. *Place of Birth, (Street and Number)* Clement st. 1429.
5. *Full Name of Mother,* Elizabeth Sidley
6. *Mother's Maiden Name,* Bassil
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John Sidley
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. [illegible] M. Jones

Address, Bacon st. 1421 Locus Point.

Remarks,

8920000214

Health. This Schedule shall be filled out with the name selected, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 36744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Steinitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 January - 1892
4. Place of Birth, (Street and Number) Eutaw st. 1126
5. Full Name of Mother, Pauline Steinitz.
6. Mother's Maiden Name, " Leidiger
7. Mother's Birthplace, Germany
8. Full Name of Father, Oskar Steinitz
9. Father's Occupation, Laboar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Baltimore M.J.

Address, Biason st. 1421 Locus Point.

Remarks, CITIZEN PAPERS ADDED 3-31-53

8920000215

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3674W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Jan 22, 1892
4. *Place of Birth, (Street and Number)* Patterson Pl.
5. *Full Name of Mother,* Ida Reglinger
6. *Mother's Maiden Name,* Ida Fray.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Reglinger.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Eager St

Remarks,

8920000216

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or informant, to the office of the Commissioner of Health. The form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. The birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22, 1892
4. *Place of Birth, (Street and Number)* 907 Hare St.
5. *Full Name of Mother,* Lara McGrail.
6. *Mother's Maiden Name,* Lara Meeks.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John McGrail
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000217

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain, as far as the same can be ascertained, the full name of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or licensed midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24th 2-30 A.M. 1892
4. Place of Birth, (Street and Number) 408 N. Fine St Balto Md
5. Full Name of Mother, Mrs Fannie Finneran
6. Mother's Maiden Name, Miss Fannie Stewart
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William H Finneran
9. Father's Occupation, Boiler Inspector
10. Father's Birthplace, Zanesville Ohio

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 230 N Poppleton St

Remarks,

18920000218

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23, 1922
4. Place of Birth, (Street and Number) 1027 Chesapeake St.
5. Full Name of Mother, Barbra Murphy
6. Mother's Maiden Name, Barbra Darby
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Murphy
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000219

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the state and place of birth of each, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 the
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 25 the
4. *Place of Birth, (Street and Number)*	14 n. Exeter St
5. *Full Name of Mother,*	Nellie Grant Bragg
6. *Mother's Maiden Name,*	Nellie Grant Hill
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	George Burman Bragg
9. *Father's Occupation,*	Minister
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mary Walton
Address,	428 n. Bond St
Remarks,	c

1892000220

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3675

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, nurse, or other person in charge, who shall neglect or refuse to report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, full report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 25 Horn Street 1892.

4. Place of Birth (Street and Number) Horn Street

5. Full Name of Mother Georganer Price

6. Mother's Maiden Name Georganer Johnson.

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Price

9. Father's Occupation Laborer.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dealya Howard.

Address 1712 N Durham St

Remarks No remark.

18920000221

RETURN OF A BIRTH

3675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 26 1881

4. Place of Birth (Street and Number), Hildreman Lane

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, Kirk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Miller

9. Father's Occupation, Grocer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Scarbrough

Address, 12 E Montgomery St

Remarks,

JAN 29 1881

This Return shall contain a list of the Christian names that are to be given to the child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892000000222

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 36752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 January
4. Place of Birth, (Street and Number) Hubert st. 1750
5. Full Name of Mother, Kath. Friedrich
6. Mother's Maiden Name, Haubenreich.
7. Mother's Birthplace, Germany
8. Full Name of Father, Julian Friedrich
9. Father's Occupation, Laboar.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Eliz. Wrinn M.D.

Address, Beason st. 1421 Locus Point

Remarks,

8920000223

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 27 day of January
4. Place of Birth, (Street and Number) 1116 thurgsen stree
5. Full Name of Mother, Lottie Milgel
6. Mother's Maiden Name, Lottie Heller
7. Mother's Birthplace, East spore Lenbrynville
8. Full Name of Father, Charles Stitched
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Bollens

Address, 1017 Chestnut street

Remarks, as well is can be expected

8920000224

Register of Births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36754.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28, 1892
4. Place of Birth, (Street and Number) 821 Cumnor St.
5. Full Name of Mother, Margaret Dutt
6. Mother's Maiden Name, Margt Daily.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Dutt.
9. Father's Occupation, Labor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000225

register of such birth, and shall enter the same which date occurred under his or her care during the Health. This schedule shall contain a list of the births month, and shall set forth as far as the same can be been conferred) its sex, color, the full name and occ said schedule shall be delivered, duly signed by the third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1st
4. Place of Birth, (Street and Number) 683 Columbia Ave
5. Full Name of Mother, Amelia Matilda Rosenthal
6. Mother's Maiden Name, Amelia M. Erbe
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Erbe
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Kate Minch

Address, 800 Leadenhall str

Remarks,

1892 0000226

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 36736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	1 Jan 1892
4.	*Place of Birth, (Street and Number)*	1630 Penn ave
5.	*Full Name of Mother,*	Emma Skinner
6.	*Mother's Maiden Name,*	Oxley
7.	*Mother's Birthplace,*	Edenton N C
8.	*Full Name of Father,*	willie F. Skinner
9.	*Father's Occupation,*	driver wagon
10.	*Father's Birthplace,*	Edenton N C
	Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
	Address,	1121 Saratoga
	Remarks,	

1892000227

Health. This schedule shall contain a list of the births which have occurred and ... in his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, and the time and place of birth, and the name, and occupation of its parents, the date and place of birth of the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner, in case there is no such practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case there is no such practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

F 36757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada Winifred Schultz — GIVEN NAME ADDED. 9/22/15

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1) Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1892
4. Place of Birth, (Street and Number) 1027 W. Lanvale St
5. Full Name of Mother, Alice M Schultz
6. Mother's Maiden Name, Alice M Higgins
7. Mother's Birthplace, Laurel Md
8. Full Name of Father, Fred K W. Schultz
9. Father's Occupation, Mfg Brass Fixtures Etc
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Frank C. Irvine M.D

Address, 1001 W Lanvale St

Remarks, None

1 8 9 2 U 0 0 0 0 2 2 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

L 36758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of ascertificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	8 Jan 1892
4. *Place of Birth, (Street and Number)*	109 Fremont St
5. *Full Name of Mother,*	Helen Kellum
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Prince Georges Co Md
8. *Full Name of Father,*	Daniel Kellum
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mary E Dunn
Address,	1121 Saratoga St
Remarks,	

1892000229

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, by the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W Lite
3. *Date of Birth,*	1/3-92
4. *Place of Birth, (Street and Number)*	707 E Lane St
5. *Full Name of Mother,*	Agnes Ludwig
6. *Mother's Maiden Name,*	Agnes Hart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest H. Ludwig
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md & Pa
Name of Medical Attendant, or other person who makes this Return.	Wm Lee Jones
Address,	707 E Lane St
Remarks,	

1 8 9 2 0 0 0 0 2 3 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 5 Jan 1892
4. Place of Birth, (Street and Number) 1008 Parris Alley
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Jenings
7. Mother's Birthplace, Brooklin Md
8. Full Name of Father, Alexander Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, eastern shore Md

Name of Medical Attendant, or other person who makes this Return, Mary L Jones

Address, 1121 Saratoga st

Remarks,

1 8 9 2 0 0 0 0 2 3 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5, 1892
4. *Place of Birth, (Street and Number)*	925 E. Biddle
5. *Full Name of Mother,*	Kate B. Sale
6. *Mother's Maiden Name,*	Bouchat
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Robert E. Sale
9. *Father's Occupation,*	Pattern maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. Frank Crouch M.D.
Address,	Eutaw & Railway
Remarks,	

1892000000232

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	born 6
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 6. 1892.
4.	*Place of Birth, (Street and Number)*	No 818 S. Charles
5.	*Full Name of Mother,*	Lena Bachmann
6.	*Mother's Maiden Name,*	Lena Hergenberger
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Henry G. Bachmann
9.	*Father's Occupation,*	Cigar maker
10.	*Father's Birthplace,*	New York
	Name of Medical Attendant, or other person who makes this Return.	Catharine Kinsley
	Address,	800 Lexington Street.
	Remarks,	

1 8 9 2 0 0 0 0 2 3 3

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

Health. This Schedule shall contain a list of the births which have occurred under its jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

367 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 6 1892
4. Place of Birth, (Street and Number) Baltimore 1034 Leadenhall St
5. Full Name of Mother, Carrie Brust
6. Mother's Maiden Name, Carrie Kochler
7. Mother's Birthplace, Frederick City Md
8. Full Name of Father, Casper L. Brust
9. Father's Occupation, Glass Worker
10. Father's Birthplace, Frederick City Md

Name of Medical Attendant, or other person who makes this Return, Catherine Mannix

Address, 800 Leadenhall Street.

Remarks,

1892000234

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7 1892
4. Place of Birth, (Street and Number) Baltimore 1024 S. Stricker St.
5. Full Name of Mother, Louisa Henschen
6. Mother's Maiden Name, Louisa Leibel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Henschen
9. Father's Occupation, Cigar Box Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hinkle

Address, 80 Leadenhall Street

Remarks,

1892000235

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 9 14 / 63 W. West St
4. Place of Birth, (Street and Number)
5. Full Name of Mother, ~~Mary Becker~~ Mary Ries
6. Mother's Maiden Name, Mary Becker
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Casper Ries
9. Father's Occupation, Butcher
10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other person who makes this Return, Latterner Minich

Address, 220 Saratoga St.

Remarks,

1892000236

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

The Health Commissioner shall ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 36766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3rd

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* January 11th, 1872
4. *Place of Birth,* (Street and Number) 322 E. Second St. near Barclay
5. *Full Name of Mother,* Mary Mahool Thompson
6. *Mother's Maiden Name,* Mary Mahool
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm H Thompson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Eastern Shore of Md

Name of Medical Attendant, or other Person who makes this Return. R. W. Mefflin M.D

Address, 321 N. Pacaf

Remarks,

Every Physician or Midwife shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered or sent by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36767.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) ~~Male~~ female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 12 / 92
4. Place of Birth, (Street and Number) 235 Park Av.
5. Full Name of Mother, Elisabeth Wolle.
6. Mother's Maiden Name, Sharp.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Wolle
9. Father's Occupation, Taxidermist.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Alynch

Address, 800 Leadenhall Street.

Remarks,

1 8 9 2 0 0 0 0 2 3 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First one
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	12th of January
4.	*Place of Birth, (Street and Number)*	1429 Hanover St
5.	*Full Name of Mother,*	Lizzie Lucke
6.	*Mother's Maiden Name,*	Lizzie Grebe
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Charles Lucke
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Catherine Hunt
	Address,	800 Sadenhall Street.
	Remarks,	

1892 0000239

CITY OF BALTIMORE 1892

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 13 Jan 1892
4. Place of Birth, (Street and Number) 625 S Smith St
5. Full Name of Mother, Annie Askins
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, William Askins
9. Father's Occupation, Laborer
10. Father's Birthplace, eastern Shore

Name of Medical Attendant, or other person who makes this Return, Mary LeGates

Address, 1121 Saratoga St

Remarks,

1 8 9 2 0 0 0 0 2 4 0

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	13 Jan 1892
4.	*Place of Birth, (Street and Number)*	1925 Vincent alley
5.	*Full Name of Mother,*	Ida green
6.	*Mother's Maiden Name,*	davis
7.	*Mother's Birthplace,*	essex co. Va
8.	*Full Name of Father,*	Gable green
9.	*Father's Occupation,*	waiter
10.	*Father's Birthplace,*	Annapolis
	Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
	Address,	1121 Shirley st
	Remarks,	

18920000241

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-28-56

RETURN OF A BIRTH. 36771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Antonia ~~Hohmann~~ 6-cs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 15th 1892
4. Place of Birth, (Street and Number) 1021 Light St.
5. Full Name of Mother, Juliana Hohmann
6. Mother's Maiden Name, Juliana Effing
7. Mother's Birthplace, Balti City
8. Full Name of Father, Joseph Hohmann
9. Father's Occupation, Tailor.
10. Father's Birthplace, Balti City

Name of Medical Attendant, or other person who makes this Return, Catherine Klumph

Address, 800 Leadenhall Street

Remarks,

1892000242

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above set forth. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

RETURN OF A BIRTH. 36777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 th
4. Place of Birth, (Street and Number) 1127 Cleveland at Baeto md
5. Full Name of Mother, Minnie Amelia Hook
6. Mother's Maiden Name, Minnie Amelia Knecken
7. Mother's Birthplace, Balto md
8. Full Name of Father, Wm Hook
9. Father's Occupation, Driver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Notie Ingenoll

Address, 800 Ladenia ave at

Remarks, None

8920000243

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The Registrar shall not receive any Return of a Birth which does not contain a statement of the date on which the Physician or Midwife last attended the mother, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1–
1. *Sex, (state whether male or female)*	ml
2. *Race or Color, (if not of the white race)*	w
3. *Date of Birth,*	Jan 16–92
4. *Place of Birth, (Street and Number)*	1024 McDonogh
5. *Full Name of Mother,*	Nellie Hayden
6. *Mother's Maiden Name,*	McClanahan
7. *Mother's Birthplace,*	B.C.
8. *Full Name of Father,*	Nelson J Hayden
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	B C
Name of Medical Attendant, or other person who makes this Return.	Surgeon
Address,	1207 E Monument St
Remarks,	

8920000244

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7/5/56 ETHEL SULLIVAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6 1892
4. Place of Birth, (Street and Number) Penn Av & Hoffman St
5. Full Name of Mother, Harriet Virginia Sullivan Jordan
6. Mother's Maiden Name,
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, Wilfred H. Sullivan
9. Father's Occupation, merchant
10. Father's Birthplace, Balt City

Name of Medical Attendent, or other person who makes this Return. Marbury Brewer M.D.

Address, 1106 N. Calhoun Street

Remarks, CERTIFICATE RECEIVED FEB. 1, 1892

1892000000245

Health. This schedule shall contain a list of the births within the family, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are forfeitures recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 17th 1892
4. Place of Birth, (Street and Number) 336 N. Gay Street
5. Full Name of Mother, Henrietta Stange
6. Mother's Maiden Name, Henrietta Rabbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Stange.
9. Father's Occupation, Carpet Store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hynick

Address, 800 Eadenhall Street.

Remarks,

1 8 9 2 0 0 0 0 2 4 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17, 1897
4. *Place of Birth, (Street and Number)*	Isabella Clarke
	507 E Eager
5. *Full Name of Mother,*	Hattick
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	William E Clarke
8. *Full Name of Father,*	Linen
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	S Front Council Pd
Name of Medical Attendant, or other person who makes this Return.	Eager & Hillcox
Address,	
Remarks,	

8 9 2 0 0 0 0 2 4 7

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 17 1892
4.	*Place of Birth, (Street and Number)*	Home, No. Hanover near Lombard St
5.	*Full Name of Mother,*	Louisa Schultheis
6.	*Mother's Maiden Name,*	Annie Beetz
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	James Mullin
9.	*Father's Occupation,*	Stevedore and Contractor
10.	*Father's Birthplace,*	Born in Ireland
	Name of Medical Attendant, or other person who makes this Return.	Catherine Mullin
	Address,	800 Leadenhall Street
	Remarks,	

1892000248

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BOARD OF HEALTH

WM. J. C. DULAN ... AND STATIONERS

RETURN OF A BIRTH.

36778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th January 1892
4. *Place of Birth, (Street and Number)*	1495 Hull Street
5. *Full Name of Mother,*	Isabella Boyle Bradley
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Milton. Scotland
8. *Full Name of Father,*	Robert Boyle
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Dumbarton. Scotland
Name of Medical Attendant, or other person who makes this Return.	Jas Cooper M.D.
Address,	1353 Hull St.
Remarks,	

8920000249

Health. This schedule shall contain a list of the births which have occurred in each house or tenement during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	18 January
4.	*Place of Birth, (Street and Number)*	32 W. Pratt St
5.	*Full Name of Mother,*	Mrs Minnie Renno
6.	*Mother's Maiden Name,*	Einloft
7.	*Mother's Birthplace,*	Germania
8.	*Full Name of Father,*	Mr. Adolph Renno
9.	*Father's Occupation,*	barber
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	Catherine Mungle
	Address,	805 Leadenhall Street
	Remarks,	

1892000250

Health. This schedule shall contain a list of the births which shall occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the ~~physician~~, midwife or person in charge of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 19th 1892
4. Place of Birth, (Street and Number) 1264 Johnson St
5. Full Name of Mother, Theresa Morgan
6. Mother's Maiden Name, Theresa Blaine
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Winter Morgan
9. Father's Occupation, Salesman
10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor

Address, 41 Sulgrave & Alley

Remarks, Baltimore M. C.

8920000251

Health. This schedule shall contain a list of the births which have occurred under his ... and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any

RETURN OF A BIRTH

A 36781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Jan. 17 " 1892
4. Place of Birth (Street and Number),	1815 East av.
5. Full Name of Mother,	Katie Hoerl-
6. Mother's Maiden Name,	" Myers
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Jno. Hoerl-
9. Father's Occupation,	Cooper-
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 S. Broadway
Remarks,	

8920000252

This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. and shall set forth as far as the same can be ascertained by the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the first week of the succeeding month to the Commissioner of Health. In case a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or in her absence, the person in attendance upon the mother, shall within the period of ten days, above required, report the birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section for each offence, to be recovered as other fines and penalties are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 3678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20
4. Place of Birth, (Street and Number) Burgundy & Alb 916
5. Full Name of Mother, Theresa Herbert
6. Mother's Maiden Name, Chabierska
7. Mother's Birthplace, Graudenz Westpreussen
8. Full Name of Father, John Lorenz Herbert
9. Father's Occupation, Laboar
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1892 0000253

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 20th 1892
4. *Place of Birth, (Street and Number)*	641 E. Lagerott
5. *Full Name of Mother,*	Mary J. Penley
6. *Mother's Maiden Name,*	Mary J. Merriman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt W. Penley
9. *Father's Occupation,*	Fireman on R. R.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr B Kenny M.D.
Address,	700 E. Chase St
Remarks,	

8920000254

Health. This schedule shall contain a list of the births which [illegible] occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner, [illegible] shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, [illegible] in the manner and within the period above required, and child to report its birth to the Commissioner of Health, [illegible] with the provisions of this section shall be subany such person or persons who shall hereafter fail to [illegible] as above required, as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

3784

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20. 9[illegible]
4. Place of Birth, (Street and Number)	122 Crawford St.
5. Full Name of Mother,	Marg Marg Stucke.
6. Mother's Maiden Name,	Klasing
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John Cristoph Stucke
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Wm. Pickel M.D.
Address,	1312 Ashland Ave.
Remarks,	

1892 0000255

under whose charge or Superintendence a birth shall occur, to the Commissioner of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the [illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 36780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21 92
4. *Place of Birth, (Street and Number)* 612 Hanlon St
5. *Full Name of Mother,* Margaretta Stiebel
6. *Mother's Maiden Name,* Margaretta Isenting
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Stiebel
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Almuth

Address, 700 Leadenhall Stree

Remarks,

1892 U 000256

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-1-58

A 36786.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Grace Alton Yoakel Fourth

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, January 21. 1892
4. Place of Birth (Street and Number), 933. East Preston St
5. Full Name of Mother, Annie Elizabeth Yoakel
6. Mother's Maiden Name, " " Shorter
7. Mother's Birthplace, Perry County Pennsylvania
8. Full Name of Father, Irvin C. Yoakel
9. Father's Occupation, Minister of the Gospel
10. Father's Birthplace, Bucks County Pa

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 212 W. Franklin St

Remarks,

1 8 9 2 0 0 0 0 2 5 7

Section 1. The charge or superintendence a birth shall hereafter give notice thereof to the Commissioner of Health. more under whose charge or superintendence a birth shall hereafter give notice thereof to the Commissioner of Health. Such notice shall enter the same on a blank schedule to be furnished by the Commissioner of Health. register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. and shall set forth as far as the same can be ascertained the full name and place of birth, and the said schedule ferred, duly signed by the practitioner in the form of a certificate of birth of any child shall occur without shall be delivered, duly signed by the practitioner in the form of a certificate of birth of any child shall occur without each and every month to the office of the Commissioner of Health. In case no person be in attendance upon birth to the attendance of a physician or practitioner it shall become the duty of the person or persons having charge of such child to report its birth to mother. Immediately thereafter, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 38787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Jan. 22nd 1892.
4. Place of Birth, (Street and Number) 1202 Morton Alley.
5. Full Name of Mother, Mattie Genevieve Lane.
6. Mother's Maiden Name, " " Nelson.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, George Motley Lane.
9. Father's Occupation, Lawyer.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return H. T. Carr, Jr. M.D.

Address, 1062 Argyle Ave.

Remarks,

18920000258

register of such birth, and shall enter the same on a blank schedule furnished to the Clerk during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. In the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. In case the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 Jan,
4. Place of Birth, (Street and Number) 712 South Charles St.
5. Full Name of Mother, Catherine Klaus.
6. Mother's Maiden Name, Catherine Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Klaus
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Klinck

Address, 806 Lemmall Street.

Remarks,

8920000259

register of such births, and shall enter the same in such register. It shall be the duty of every person having the control of any house in which a birth shall occur, or in which any child born elsewhere shall be brought to reside, to cause the same to be registered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

36789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 22nd 1892

4. Place of Birth, (Street and Number) 807 S. Howard St.

5. Full Name of Mother, Mrs Mary C. Siegel

6. Mother's Maiden Name, Mary C. Hecker.

7. Mother's Birthplace, Germany

8. Full Name of Father, Jno. C. Siegel

9. Father's Occupation, Shoe Store

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catharine Jünghe

Address, 700 Leadenhall Street.

Remarks,

8 9 2 0 0 0 0 2 6 0

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of the parents of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

3679

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 22/92.
4. Place of Birth, (Street and Number)	1805 E. Eager St.
5. Full Name of Mother,	Hariet V. Booze
6. Mother's Maiden Name,	" " Simpson
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William E. Booze
9. Father's Occupation,	Insurance Agent
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Dickey,
Address,	# 1312 Eastland Ave.
Remarks,	

8 9 2 0 0 0 0 0 2 6 1

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly attested by the practitioner in the form of a certificate between the first and third day of each and every month or in case of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 3679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 23rd, 1892.
4. *Place of Birth, (Street and Number)*	540 N. Caroline St.
5. *Full Name of Mother,*	Lizzie Pfeffer
6. *Mother's Maiden Name,*	Graf
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Fred L. Pfeffer
9. *Father's Occupation,*	Coal Teller
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turnt
Address,	19 N. Eden St.
Remarks,	

8 9 2 0 0 0 0 2 6 2

Health. This schedule shall contain a list of the births which have occurred in each house, and the name of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 23d 1892
4. Place of Birth, (Street and Number) No: 501 Fulton Ave Harrison lane
5. Full Name of Mother, Mary Burr
6. Mother's Maiden Name, Mary Knuttle
7. Mother's Birthplace, Germany
8. Full Name of Father, Christain Burr
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8920000263

...the full name and occupation of its parents, the date and place of birth, and ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and ... said schedule shall be delivered, duly signed by the practitioner in charge, to the Board of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of ... it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall become the duty of ... within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and ... the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th January
4. Place of Birth, (Street and Number) Balto 1120 Peach Alley
5. Full Name of Mother, Rose Ann Granger
6. Mother's Maiden Name, Rose Ann Keyser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Francis Granger
9. Father's Occupation, Car dispatcher at B & O
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Klinefelter

Address, 1011 Leadenhall Street

Remarks,

8 9 2 0 0 0 0 2 6 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

36794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25, 1897
4. *Place of Birth, (Street and Number)*	639 Hanford Ave
5. *Full Name of Mother,*	Mary Landrigan
6. *Mother's Maiden Name,*	Redmond
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Landrigan
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	J. Frank Grosh M.D.
Address,	641 Eager & Wilcox
Remarks,	

8 9 2 0 0 0 0 2 6 5

Health. This schedule shall contain a list of the births which have ... month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36794 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Baltimore January 25 1892
4. *Place of Birth, (Street and Number)* 1014 Vincent alley
5. *Full Name of Mother,* Mortha Colmon Mottley Sr & Co
6. *Mother's Maiden Name,* baltimore md
7. *Mother's Birthplace,* Philip Sr & Co
8. *Full Name of Father,* Public Works
9. *Father's Occupation,* calvert & O
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Rhel Sr & Co

Address,

Remarks,

18920000266

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Registrar of Births, &c. Every Physician, Midwife or other person who shall have attended at the birth of any child, or in any case of stillbirth, shall, within ten days after the occurrence of such birth, make a return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the been conferred, its sex, color, the full name and residence of the parents, and the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the Commissioner of Health to cause any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH

A 36795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Regulations. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1891
4. *Place of Birth, (Street and Number)* 511 S Eaton St.
5. *Full Name of Mother,* Mary E. Yeomick
6. *Mother's Maiden Name,* Mary E. Gaby.
7. *Mother's Birthplace,* Harford Co. Md
8. *Full Name of Father,* Otho A. Yeomick
9. *Father's Occupation,* Veteran in Wood Shop
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W B Perry MD.

Address, 1108 E Lanvale St

Remarks,

1 8 9 2 0 0 0 0 2 6 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Jany 26th 1892
4.	*Place of Birth, (Street and Number)*	# 404 Payson Str
5.	*Full Name of Mother,*	Mrs Louisa Kramer
6.	*Mother's Maiden Name,*	Miss " Schmith
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Kramer
9.	*Father's Occupation,*	Hair Spinner
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
	Address,	2121 W Pratt St
	Remarks,	

8 9 2 0 0 0 0 2 6 8

register of such birth, and shall enter the same on [illegible] schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3679 97.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	27th January.
4.	*Place of Birth, (Street and Number)*	1818 N Charles St.
5.	*Full Name of Mother,*	Anna Kasebeer.
6.	*Mother's Maiden Name,*	Anna Drake
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Gottlieb Herrman Kasebeer,
9.	*Father's Occupation,*	Cabinetmaker.
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Vana
	Address,	711 Cross Street
	Remarks,	18920000269

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the full name of each child. In case the birth of any child shall not be delivered by the practitioner in charge, the duty of the person above required, and said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and with the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty of the person above required, and the form of a certificate between the first and shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. SULLANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Wednesday Jany 27th 98 (11.30 P.M.)
4. Place of Birth, (Street and Number) 522 W Lanvale St
5. Full Name of Mother, Mary E. Berkley
6. Mother's Maiden Name, Mary E. Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles D. Berkley
9. Father's Occupation. Caterer
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Elsworth Fox

Address, 116. W Mulberry St

Remarks,

8 9 2 0 0 0 0 2 7 0

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36799.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Children.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Wensday Jan. 27th 1872.
4. Place of Birth, (Street and Number) Baltimore Md. 915 S. Charles St.
5. Full Name of Mother, Mary Ann Schrifogle.
6. Mother's Maiden Name, Mary Ann Wassey.
7. Mother's Birthplace, Yorkshire Co. Md.
8. Full Name of Father, Wm. H. Schrifogle.
9. Father's Occupation, Junk Dealer.
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Klinefe

Address, 800 Leadenhall Stree

Remarks,

8920000271

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

36800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 27, 1892
4. Place of Birth (Street and Number),	719 Bank St
5. Full Name of Mother,	Elizabeth L. Rieber
6. Mother's Maiden Name,	DeCoursey
7. Mother's Birthplace,	Maryland (Queen Anne Co.)
8. Full Name of Father,	Augustus W. Rieber
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Maryland (Balto. City)
Name of Medical Attendant, or other person who makes this Return.	W. C. Knight M.D.
Address,	523 Scott St.
Remarks,	

8 9 2 0 0 0 0 2 7 2

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 36801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8 1892
4. Place of Birth, (Street and Number) 1511 Ridgely St.
5. Full Name of Mother, Mary Kasun
6. Mother's Maiden Name, Mary Keating
7. Mother's Birthplace, Germany
8. Full Name of Father, John Kasun
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address, 711 Cross St

Remarks, 1892000273

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and place of birth; and the date and place of birth; and the name of its parents. In case the birth of any child shall occur without the attendance of a physician or practitioner in the city, the mother, immediately after the birth, shall report the date of birth to the Commissioner of Health. In case the birth of any child shall occur with the attendance of a physician or practitioner in the city, it shall be the duty of such physician or practitioner to report the date of birth to the Commissioner of Health. In case no other person be in attendance upon the birth of any child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Jany 28 th 1892
4.	*Place of Birth, (Street and Number)*	#16 Hollins St
5.	*Full Name of Mother,*	Mrs Anna Schnitzline
6.	*Mother's Maiden Name,*	Miss " Pensil
7.	*Mother's Birthplace,*	Bayern Germany
8.	*Full Name of Father,*	Mr Simon Schnitzline
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Bayern Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt St
	Remarks,	

8920000274

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3683.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, January 29, 1892
4. Place of Birth, (Street and Number) 1710 Morton Av.
5. Full Name of Mother, Susan Johnson
6. Mother's Maiden Name, Carey
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father, Morris Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address. 1720 N. Chas. Sts.

Remarks.

8920000275

Cause of Health. This schedule shall contain a list of the births which may occur in each family of the district during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of such mother, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, or midwife, or any nurse who shall have been employed in attendance upon the mother, immediately thereafter. In case the certificate, between the first and third day of each month to the Board of Health. In the manner, and birth of any child shall occur without the attendance of a physician, or of a practitioner who shall then become the should no other person be in attendance upon the mother, its birth to the Board of Health. In case of twin children, and duty of the parent above required, except in the cases of illegitimate children, and subject within the period above required, to comply with the provisions of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section severable. to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

J. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same in a book which he shall keep for that purpose. He shall also enter in said book the name of each child born within his district, and the date of the birth, which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 29-92
4. *Place of Birth, (Street and Number)*	1616 Jefferson
5. *Full Name of Mother,*	Ida Henderson
6. *Mother's Maiden Name,*	Rhodes
7. *Mother's Birthplace,*	B C
8. *Full Name of Father,*	John W Henderson
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	B. C
Name of Medical Attendant, or other person who makes this Return.	Irving Miller
Address,	1207 E Monument St
Remarks,	

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book which shall be kept for the purpose, and which shall be the property of the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 29-92
4. Place of Birth, (Street and Number) 1507 E Chase
5. Full Name of Mother, Hester Meginnis
6. Mother's Maiden Name, Register
7. Mother's Birthplace, B. C. -
8. Full Name of Father, Wm Meginnis's
9. Father's Occupation, Salesman
10. Father's Birthplace, B. C. -

Name of Medical Attendant, or other person who makes this Return. Irving Miller M.D.

Address, 120 E. Monument St

Remarks,

8920000277

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female - Ruth M.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January. 30. 1892
4. *Place of Birth, (Street and Number)*	1627. S. Charles. St
5. *Full Name of Mother,*	Sallie. M. Le Compte
6. *Mother's Maiden Name,*	Sallie. M. Collins
7. *Mother's Birthplace,*	East New Market. Dorchester. co. md
8. *Full Name of Father,*	Samuel. E. Le Compte
9. *Father's Occupation,*	Engineer on B & O. R R
10. *Father's Birthplace,*	Castel haven. Dorchester. co. md
Name of Medical Attendant, or other person who makes this Return,	Ellennora. a. anderson
Address,	1434. Patapsco. St
Remarks,	

1892000278

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 January
4. Place of Birth, (Street and Number) Shelf S 1313
5. Full Name of Mother, Mary Scully
6. Mother's Maiden Name, Mary Taylor
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward J Scully
9. Father's Occupation, Painter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Christine Hinzle

Address, 700 Eastern Ave Stat.

Remarks,

8 9 2 0 0 0 0 2 7 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 1 1892
4. *Place of Birth, (Street and Number)*	835 W Barre St
5. *Full Name of Mother,*	Bridget Schafer
6. *Mother's Maiden Name,*	" McKeever
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Schafer
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Geo R Malcom
Address,	
Remarks,	

1892 00000280

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Paul Louis Rossman

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ter
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	5th of January 92
4.	*Place of Birth, (Street and Number)*	643 Dover St
5.	*Full Name of Mother,*	Pauline Rossman Fuess
6.	*Mother's Maiden Name,*	Pauline Fuess
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Georg A. Rossman
9.	*Father's Occupation,*	Laban
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Friederike Beutler midwife
	Address,	216 West Pratt St.
	Remarks,	

8 9 2 U 0 0 0 2 8 1

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3681 D.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 6 1892
4. *Place of Birth, (Street and Number)*	1182 Columbia ave
5. *Full Name of Mother,*	Leah Robinson
6. *Mother's Maiden Name,*	" Carrick
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward E Robinson
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	

i 8 9 2 0 0 0 0 2 8 2

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-10-56

RETURN OF A BIRTH.

A 36811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Susie Elizabeth Turner

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 8 F January 1892
4. Place of Birth, (Street and Number) Baltimore 553 Orchard st
5. Full Name of Mother, Susie Jenkins
6. Mother's Maiden Name, Single
7. Mother's Birthplace, Annundle County
8. Full Name of Father, Charles Turner
9. Father's Occupation, furniture wagon
10. Father's Birthplace, Ellicott City

Name of Medical Attendant, or other person who makes this Return. Hester Gatanca

Address, 209 Preston St

Remarks,

18920000283

Baltimore, ... 189..

The Undersigned hereby agrees to enter the above births in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8th of January
4. *Place of Birth, (Street and Number)*	398 Schmallwood Ave
5. *Full Name of Mother,*	Minna Sachs
6. *Mother's Maiden Name,*	Minna Reiher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernhardt Sachs
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Bauer Midwife
Address,	2116 West Pratt St
Remarks,	

1892 0 0 0 0 2 8 4

WM J O DULANY CO CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

3681 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January the 9d 1892
4. Place of Birth, (Street and Number) 1433 Andre St Locust Point
5. Full Name of Mother, Margaretha Booth
6. Mother's Maiden Name, Margareth Philipps
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel H. Booth
9. Father's Occupation, Stevedore
10. Father's Birthplace, Chesapeake City Cecil County. Md

Name of Medical Attendant, or other person who makes this Return, Lina Lang Midwife

Address, 1333 Hull Street Locust Point

Remarks,

8920000285

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 36814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 9th 1892
4. *Place of Birth, (Street and Number)* ~~Lizzie~~ 1615 Frederick ave.
5. *Full Name of Mother,* Lizzie Augusta Herche
6. *Mother's Maiden Name,* Platt.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Herche
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 N. Lombard St.

Remarks, ~~Natural Labor~~ Delivered with Forceps 2 0 0 0 0 2 8 6

register of such birth, and shall enter the same with the particulars required under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3681 S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of Januar
4. *Place of Birth, (Street and Number)*	No. 6 Laudon Av.
5. *Full Name of Mother,*	Elizabeth Stahlmann
6. *Mother's Maiden Name,*	Elizabeth Denhart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin Stahlmann
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedericke Hauber Midwife
Address,	2116 West Pratt St
Remarks,	

8 9 2 0 0 0 0 2 8 7

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36816.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 10 1892
4. *Place of Birth, (Street and Number)* 1122 Gough St.
5. *Full Name of Mother,* Caroline Kuhn
6. *Mother's Maiden Name,* Felder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Kuhn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait St.

Remarks,

1 8 9 2 0 0 0 0 2 8 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 36817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1892
4. *Place of Birth, (Street and Number)* No. 1029 Hillen St. Balt.
5. *Full Name of Mother,* Annie Phillip
6. *Mother's Maiden Name,* " Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Phillip
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1859 N. Gay St. City

Remarks, None

1 8 9 2 0 0 0 0 2 8 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Births, or should no other person be in attendance upon the mother, immediately to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 10th 1892.

4. Place of Birth, (Street and Number) No. 1751 W. Gay St. Balt.

5. Full Name of Mother, Caroline ~~Racho~~ Weiss

6. Mother's Maiden Name, " " Racho

7. Mother's Birthplace, Germany

8. Full Name of Father, Ferdinand Weiss

9. Father's Occupation, Beer Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1809 N. Gay St. City

Remarks, None

1 8 9 2 0 0 0 0 2 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of January
4. *Place of Birth, (Street and Number)*	1933 Christian St
5. *Full Name of Mother,*	Magdalena Haenkel
6. *Mother's Maiden Name,*	Magdalena Schrade
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Bertky Haenkel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauler Midwife
Address,	2116 West Pratt St.
Remarks,	

8 9 2 0 0 0 0 2 9 1

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SOCIETY FILM

RETURN OF A BIRTH. 36819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	colored
3.	*Date of Birth,*	Jany 11th
4.	*Place of Birth, (Street and Number)*	1023 Hanover st
5.	*Full Name of Mother,*	Annie Rose
6.	*Mother's Maiden Name,*	" Boyle
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Chas. Rose
9.	*Father's Occupation,*	Drummer
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return.	L. C. Bunch M.D
	Address,	511 Hanover st
	Remarks,	

1 8 9 2 0 0 0 0 2 9 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

36870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Herman A. G. Knecht Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th of January

4. Place of Birth, (Street and Number) 848 Frederick Road

5. Full Name of Mother, Anna Knecht

6. Mother's Maiden Name, Anna Gleim

7. Mother's Birthplace, Germany

8. Full Name of Father, John Knecht

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Hentler Midwife

Address, 216 West Pratt St

Remarks, Physician Full name added upon applying for a transcript. D. E. Wilson - Reg.

1892000029 3

February 27-1931.

Wm J C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall occur, shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the name, date and place of birth, first and last, of its parents, the date and place of birth of any child born of the present mother, the full name and occupation of the father, and the place of birth of each parent, which schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3687.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 12 1892
4. *Place of Birth, (Street and Number)* 1502 E Fall St.
5. *Full Name of Mother,* Mary E. Clark Snowden
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Hazlus H. Clark
8. *Full Name of Father,* Barber
9. *Father's Occupation,* Richmond Va
10. *Father's Birthplace,* Negro Skin

Name of Medical Attendant, or other person who makes this Return, Dr. H.

Address, 1427 E. Fall St.

Remarks,

1 8 9 2 0 0 0 0 2 9 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of January 1911
4. *Place of Birth, (Street and Number)*	Christian St
5. *Full Name of Mother,*	Fanne Kern
6. *Mother's Maiden Name,*	Fanne Korn
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Levi Korn
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friedericke Kenker midwife
Address,	2116 West Pratt St
Remarks,	

1892000000295

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of Health, or should no other person of such third day of each and every month of a physician or practitioner of midwifery, of the person or parents of such child occur upon the mother, immediately thereafter it shall become the duty, of the period above required, and attendance to report it to the Commissioner of Health. In the manner and within the provisions of this section shall he sub- child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be any such person or persons who shall be recoverable jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 13 1892
4. *Place of Birth, (Street and Number)* 246 S. Durham St.
5. *Full Name of Mother,* Laura Henry
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Charles Henry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Snow Hill Somerset Co.

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait A.

Remarks,

1 8 9 2 0 0 0 0 2 9 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of January
4. *Place of Birth, (Street and Number)*	424 Pulaski St.
5. *Full Name of Mother,*	Sovia Westphal
6. *Mother's Maiden Name,*	Sovia Seitz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Westphal
9. *Father's Occupation,*	Salonkiper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederiche Heuler Midwife
Address,	2116 West Pratt St.
Remarks,	

1 8 9 2 0 0 0 0 2 9 7

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36875.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) female

1. *Sex,* (*state whether male or female*) 4.
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* January 14, 1892
4. *Place of Birth,* (*Street and Number*) 202 Moore Alley.
5. *Full Name of Mother,* Sarah Hall
6. *Mother's Maiden Name,* Fisher
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William Hall
9. *Father's Occupation,* Oyster
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Hester Evans

Address, 279 Preston Street

Remarks, 1892000000298

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 14 1892
4. Place of Birth, (Street and Number) 401 E Central Av.
5. Full Name of Mother, Rosetta Nicolson
6. Mother's Maiden Name, Mc. Caskan.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Nicolson
9. Father's Occupation, Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Henry Stein

Address, 1427 E Fall St.

Remarks,

1892 0000299

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

3687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* January 15, 1892
4. *Place of Birth, (Street and Number)* 122 Shields Alley.
5. *Full Name of Mother,* Mary E. Cooper
6. *Mother's Maiden Name,* " " Dixon
7. *Mother's Birthplace,* Charlestown West-Virginia
8. *Full Name of Father,* Henry Cooper
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Hester Colaine

Address, 134 Preston St.

Remarks, 1892U0000300

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place between the first and third day of each and every month to the office or practitioner in the case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or should no other person be in attendance upon the mother, immediately thereafter, in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of such child occur without the attendance of a physician or practitioner in midwifery, or should no other person or practitioner in the said schedule shall become the duty of the person or parents of such shall occur without the mother, immediately thereafter, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each place of birth; and the sex, color, the full name and occupation of its parents, the date and place between the first and been conferred, its be delivered, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall and every month to the office of the Commissioner of Health In case the birth of any child third day of each attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 15 1892
4. *Place of Birth, (Street and Number)* 1125 E. Fait St.
5. *Full Name of Mother,* K. Edwig Swiec Rubrinsky
6. *Mother's Maiden Name,* Helen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John K. Taipel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1127 E Fait St.

Remarks,

8920000301

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6th January 1892
4. *Place of Birth, (Street and Number)* 506 Little Pine Street
5. *Full Name of Mother,* Louisa Ricks
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jeremiah Ricks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Chester Potter

Address, 2-12 Pacific Street

Remarks,

1892000302

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

36830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th January
4. *Place of Birth, (Street and Number)*	341 Forest St.
5. *Full Name of Mother,*	Mina Talbert
6. *Mother's Maiden Name,*	Mina Schreiner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Talbert
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friedericke Henle Midwife
Address,	2116 West Pratt St.
Remarks,	

8 9 2 0 0 0 0 3 0 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 36831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 92
4. *Place of Birth, (Street and Number)*	No. 3 N. Calvert St
5. *Full Name of Mother,*	Catharine O'Brien
6. *Mother's Maiden Name,*	Catherine Mulligan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas J. O'Brien
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return	H. Pierpoint
Address,	400 Cathedral St
Remarks,	18920000304

WM. J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the full name of its parents, the date and place of birth, and the sex, color, and occupation of the father. In case the birth of any child said schedule shall be delivered, daily signed by the practitioner in the office of the Commissioner of Health. In case no other person be in third day of each month to the office of the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. It shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 36837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 18 1892
4. *Place of Birth, (Street and Number)*	1309 W Cross St
5. *Full Name of Mother,*	Bertha Adams
6. *Mother's Maiden Name,*	" Walzer
7. *Mother's Birthplace,*	Switzerland
8. *Full Name of Father,*	Victor Adams
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	France
Name of Medical Attendant, or other person who makes this Return,	Leo R Hahaun
Address,	
Remarks,	

1892000000305

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 36833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 15th 1892
4. Place of Birth, (Street and Number)	1649 Abbot st.
5. Full Name of Mother.	Anna Uhlek
6. Mother's Maiden Name,	Anna Stiffelin
7. Mother's Birthplace.	Bohemia
8. Full Name of Father.	Joseph Uhlek
9. Father's Occupation.	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Fuge M.D.
Address,	920 N. Broadway
Remarks,	

8920000003806

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 of Jan
4. Place of Birth, (Street and Number) 1130 Division st
5. Full Name of Mother, Edmonia L Cole
6. Mother's Maiden Name, Edmonia L Chase
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George R Cole
9. Father's Occupation, Waiter
10. Father's Birthplace, saint marys Co Md

Name of Medical Attendant, or other person who makes this Return. Hester Coltance

Address, 509 Preston st

Remarks,

1892000307

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36835.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Twin

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 17, 1892
4. Place of Birth, (Street and Number) Dessie No 705
5. Full Name of Mother, Amanda V. Carroll
6. Mother's Maiden Name, Bowen
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles F. Carroll
9. Father's Occupation, Sell coal
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return. Hessler Colatrice

Address, 509 Preston

Remarks,

8 9 2 0 0 0 0 3 0 8

WM. J. C. DILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 19th 1892.
4. Place of Birth, (Street and Number) 1825 E Baltimore Street
5. Full Name of Mother, Sarah Luther
6. Mother's Maiden Name, Sarah Thompson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George W. Luther
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto Co Md.

Name of Medical Attendant, or other person who makes this Return. Mrs A E Knowles

Address, 216 N. Patterson Park Ave

Remarks,

1892000309

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Raymond Padgett 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19th 1892
4. Place of Birth, (Street and Number) 2121 Division St
5. Full Name of Mother, Alice Padgett
6. Mother's Maiden Name, Duvall
7. Mother's Birthplace, Washington
8. Full Name of Father, John Padgett
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return. Chas E Sadler

Address, 2100 Druid Hill Ave

Remarks,

+ 8 9 2 0 0 0 0 3 1 0

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of been conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

L 36838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of January
4. *Place of Birth, (Street and Number)*	119 West Pratt St.
5. *Full Name of Mother,*	Louise Liper
6. *Mother's Maiden Name,*	Louise Pflaum
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Bernhart Liper
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederiche Kenler Midwife
Address,	2116 West Pratt St
Remarks,	

8 9 2 0 0 0 0 3 1 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Jany 21 –
4.	*Place of Birth, (Street and Number)*	1039 S. Charles st
5.	*Full Name of Mother,*	Louisa Rittmiller
6.	*Mother's Maiden Name,*	" Debus
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	John Rittmiller
9.	*Father's Occupation,*	barber
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return,	Dr Bunch MD
	Address,	511 Hanover st
	Remarks,	

1892000312

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frow.

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, January 31/89
4. Place of Birth (Street and Number), 1811 Westphalia Place
5. Full Name of Mother, Ella. R. Peters
6. Mother's Maiden Name, Ella. R. Burk
7. Mother's Birthplace, Hellsinburg Pa
8. Full Name of Father, John W. Peters
9. Father's Occupation, Railroad man
10. Father's Birthplace, Sandstock Washington Co

Name of Medical Attendant, or other person who makes this Return. Mrs E Donaldson

Address, 1832 Bryce St

Remarks, Balto Md

do Nurse

92 0 0 0 3 1 3

Rules. [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

3684.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 22d 1892
4. Place of Birth, (Street and Number) 1703 Hull St Locust Point
5. Full Name of Mother, Eva Wiegand
6. Mother's Maiden Name, Eva Meister
7. Mother's Birthplace, Bishhausen Kurhessen Germany
8. Full Name of Father, Adam Wiegand
9. Father's Occupation, Labourer
10. Father's Birthplace, Bishhausen Kurhessen Germany

Name of Medical Attendant, or other person who makes this Return. Lina Lang Midwife

Address, 1393 Hull St Locust Point

Remarks,

1892000003 1 4

Wm J C. Dulany Co., City Printers and Stationers.

Health. It is hereby made the duty of every person who shall direct the performance of any act whereby a child is born alive within the limits of Baltimore City, to ascertain the full name of each child, if any shall have been given it, and the full name of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 36847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimcre City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 22 1892
4. Place of Birth (Street and Number),	2:12 Winder St
5. Full Name of Mother,	Florence Knight
6. Mother's Maiden Name,	Florence Road
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William Knight
9. Father's Occupation,	Labor
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	E Donaldson
Address,	1832 Byrd St Balto
Remarks,	down Well

1892000315

This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month.

RETURN OF A BIRTH. 36823.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) K

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st January 1892
4. Place of Birth, (Street and Number) S. Bradford Alley 521
5. Full Name of Mother, Louise Uhy
6. Mother's Maiden Name, " Brown
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Uhy
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington St

Remarks,

8 9 2 0 0 0 0 3 1 6

Wm J. C. Dulany Co., City Printers and Stationers.

Over

36544.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Adele Eugenia Richardson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jany 1st.
4. Place of Birth, (Street and Number) 312 S. Gilmor st.
5. Full Name of Mother, Eugenia Richardson.
6. Mother's Maiden Name, Fowlle
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Richardson.
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Thos. F. Richardson

Address, 921 Columbia Ave.

Remarks,

1892000317

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3645.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1892
4. *Place of Birth, (Street and Number)*	Eagle St 1830
5. *Full Name of Mother,*	Ella Hall
6. *Mother's Maiden Name,*	Ella Benning
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Emanuel Hall
9. *Father's Occupation.*	Breakman B. & O. R.R.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs E. Kelly
Address,	2022 [illegible]
Remarks,	

1 8 9 2 0 0 0 0 3 1 8

register of such birth, and shall state the same as near as may be, which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36846.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12 -
4. Place of Birth, (Street and Number) 228 N Fulton Ave
5. Full Name of Mother, Annie Schirey
6. Mother's Maiden Name, Annie Mayer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Oscar Mizrecky
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Carl Schneider M.D.

Address, 228 N Schroeder St

Remarks,

B 9 2 0 0 0 0 3 1 9

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth,
4. Place of Birth, (Street and Number) 622. W Lombard Island st
5. Full Name of Mother, Alice Irvin
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr. Norgrove & Spalding

Address,

Remarks, 622. W. Lombard St

1 8 9 2 0 0 0 0 3 2 0

Wm J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 1/92
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Betty Holmes
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes the Return, Dr. Spalding & Horgan

Address, 622 W. Lombard St

Remarks,

1 8 9 2 0 0 0 0 3 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-7-56

RETURN OF A BIRTH. A 36819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Minnie Ethel ~~Jones~~ Jones
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 2. 1892
4. Place of Birth, (Street and Number)	Parish St 329
5. Full Name of Mother,	Hattie E Jones
6. Mother's Maiden Name,	Mary E Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George H Jones
9. Father's Occupation.	Gilder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs E Kelly
Address,	2022 Madison Ave
Remarks,	

8 9 2 U 0 0 0 3 2 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

36830.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2/92
4. *Place of Birth, (Street and Number)* 317 Hanover St
5. *Full Name of Mother,* Maggie Nestor
6. *Mother's Maiden Name,* Maggie Durkin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Evans Nestor
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A. C. Tole

Address, 2038 Madison ave

Remarks,

1 8 9 2 0 0 0 0 3 2 3

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1/3/92
4. Place of Birth, (Street and Number) 622 W. Lombard st
5. Full Name of Mother, Mary J Burns
6. Mother's Maiden Name, Md
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Harry W Stanley

Address, Md. Univ. Hospital

Remarks, 622 W Lombard st

8 9 2 0 0 0 0 3 2 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36852.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 3, 1892.
4. *Place of Birth, (Street and Number)*	Cor 11th & Remington ave.
5. *Full Name of Mother,*	Catherine Regina Judge.
6. *Mother's Maiden Name,*	Nolan.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John P. Judge.
9. *Father's Occupation,*	Electrician.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas H. Nicholl M.D.
Address,	291 Chestnut ave.
Remarks,	

+ 8 9 2 0 0 0 0 3 2 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 3rd, 1892
4. *Place of Birth*, (*Street and Number*) 1007 Leadenhall
5. *Full Name of Mother*, Elizabeth Bell
6. *Mother's Maiden Name*, Elizabeth Battenfeld
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Charles E. Bell
9. *Father's Occupation*, Maryland
10. *Father's Birthplace*, Theodore Cooke

Name of Medical Attendant, or other person who makes this Return. 914 N. Charles St.

Address,

Remarks,

8 9 2 0 0 0 0 3 2 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner required, and child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36852.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1892
4. Place of Birth, (Street and Number) 835 William
5. Full Name of Mother, Helen M. Robinson
6. Mother's Maiden Name, Helen M. Graves
7. Mother's Birthplace, Maryland
8. Full Name of Father, Danl J. M. Robinson
9. Father's Occupation, Master of Vessel
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper.

Address, 9 N. Charles St

Remarks,

1892 00 00327

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3688.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Jan. 3rd 1892.
4. *Place of Birth, (Street and Number)*	1109 N. Eden St.
5. *Full Name of Mother,*	Carrie Buchheimer
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father.*	Geo. H. Buchheimer
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return	N. T. Reynolds M.D.
Address,	2004 E. Paul St.
Remarks,	

1892000003288

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

36855½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3d Jan 1892
4. *Place of Birth, (Street and Number)*	262 E Randall St
5. *Full Name of Mother,*	Mary Esmonde
6. *Mother's Maiden Name,*	Wolfe
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Cornelius Esmonde
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Jarrell
Address,	436 E Fort Ave
Remarks,	

1892 00000329

under whose charge or supervision a birth shall hereafter take place, within ten days thereafter, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

36856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Jan. 11th 1892
4. *Place of Birth, (Street and Number)*	1514 N. Bond St.
5. *Full Name of Mother,*	Kate Hotter
6. *Mother's Maiden Name,*	McDonald
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Geo. Hotter
9. *Father's Occupation,*	Harness Maker
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	W. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	

1892000003 30

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36857.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Magdalena Caroline F. Buchwald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12, 1922
4. Place of Birth, (Street and Number) 412 S. Baltimore St. City
5. Full Name of Mother, Minnie (Buchwald) Buchwald
6. Mother's Maiden Name, Fick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry (Buchwald) Buchwald
9. Father's Occupation, Police
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Buchwald

Address, 206 N. Schroeder St

Remarks,

8922000331

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 9th
4. Place of Birth, (Street and Number) 413 — Elbow Lane
5. Full Name of Mother, Georgie Stughue
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Atkinson

Address,

Remarks, Con W. Stughue

1892000332

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 36858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st Jan. 1892
4. *Place of Birth, (Street and Number)*	S. Washington Ave 504
5. *Full Name of Mother,*	Mina Rebhahn
6. *Mother's Maiden Name,*	" Koenig
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Fred. Rebhahn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs. Deisenhofer
Remarks,	235 S. Washington St

1892 0000333

Wm J C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4/92
4. Place of Birth, (Street and Number) 622 W. Lombard st
5. Full Name of Mother, Annie Arnold
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who signs this Return, Dr W Morgan Hardesty

Address, Md University Maternite

Remarks,

1 8 9 2 0 0 0 0 3 3 4

Wm J C. Dulany Co., City Printers and Stationers.

The ... of ... which ... occurred under ... his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 36860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 4 1892
4. Place of Birth, (Street and Number) 744 Aisquith st
5. Full Name of Mother, Mrs Laura Thompson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Wilson T Long

Address, Md University Hospital

Remarks,

8920000335

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3
1. *Sex, (state whether male or female)*	Mall
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5, 1892
4. *Place of Birth, (Street and Number)*	Louden Ave 22
5. *Full Name of Mother,*	Fallona Hirshman
6. *Mother's Maiden Name,*	Fallona Banafscart
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John D Hirshman
9. *Father's Occupation.*	Machinest
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kellen
Address,	922 Wilkens Ave
Remarks,	

8 9 2 0 0 0 0 3 3 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5. 1892
4. *Place of Birth, (Street and Number)*	Lorman st 1711
5. *Full Name of Mother,*	Addie M. McCalister
6. *Mother's Maiden Name,*	Addie M Schaffer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George M. McCalister
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelly
Address,	2032 Druid Ave
Remarks,	

1892000037

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents. In case the other person be in attendance upon birth to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, to the office of the Commissioner of Health, or should no other person be in third day of each and every month of a physician or practitioner of midwifery, or should no other parents of such shall occur without the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 36863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 6" 1892
4. *Place of Birth, (Street and Number)* 923 N. Stricker
5. *Full Name of Mother,* Willie M. Kirwan
6. *Mother's Maiden Name,* Willie M. Rexford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert C. Kirwin
9. *Father's Occupation,* Shipchandler & grocer
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Theodore Leape

Address, 914 N. Charles St

Remarks,

1892 0000338

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-9-55

RETURN OF A BIRTH. 36864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Francis Durham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W. White
3. *Date of Birth,*	January 6. 1892
4. *Place of Birth, (Street and Number)*	Millington Ave 1039
5. *Full Name of Mother,*	Susannah Durham
6. *Mother's Maiden Name,*	Susannah Martin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John L Durham
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 N Wilkens Ave
Remarks,	

+ 8 9 2 0 0 0 0 3 3 9

Health. This schedule shall contain a list of the births which have occurred since the ... of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3685.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th Jan. 1892
4. Place of Birth, (Street and Number) 1116 Ellery Str. 2020
5. Full Name of Mother, Mary Ritter
6. Mother's Maiden Name, " Owens
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. Ritter
9. Father's Occupation, Cannmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington Ave

Remarks,

1892000340

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36866.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Children: Robert James King

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1892
4. Place of Birth, (Street and Number) 2448 Maryland Ave
5. Full Name of Mother, Elizabeth King
6. Mother's Maiden Name, Elizabeth Bayne Bayles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F. King
9. Father's Occupation, Clerk
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles

Remarks,

1892 0000341

Health. This schedule shall contain a list of the births which have occurred under each shall have month, and shall set forth as far as the same can be ascertained the full name of each child (if any) the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 3687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) .....

1. *Sex, (state whether ~~male or~~ female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* January 7th 1897
4. *Place of Birth, (Street and Number)* 207 Oak St
5. *Full Name of Mother,* Belle Hennessy Fitzpatrick
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Fitzpatrick
9. *Father's Occupation,* Insurance Agent
10. *Father's Birthplace,* Brooklyn N. Y.

Name of Medical Attendant, or other person who makes this Return. J. H. Cummings

Address, 2100 - Maryland Ave

Remarks, ...

1892 ILLINOIS

8920000342

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36868.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) colored
3. *Date of Birth,* 8 of January
4. *Place of Birth,* (Street and Number) 33 - Orchard St.
5. *Full Name of Mother,* Hila Williams
6. *Mother's Maiden Name,* Emery
7. *Mother's Birthplace,* New Bourg / New York
8. *Full Name of Father,* Jarvis C. Williams
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Ellicott City

Name of Medical Attendant, or other person who makes this Return. Herbert Tolaine

Address, 579 Preston Street

Remarks,

1892000343

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st Jan 1892
4. Place of Birth, (Street and Number) S. Washington Ave. 415
5. Full Name of Mother, Anna Eberts
6. Mother's Maiden Name, " Hessler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Eberts
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington Ave

Remarks,

1892000344

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OK
SA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-36870

1. PLACE OF BIRTH:
(a) Baltimore City, Maryland
(b) Name of hospital or institution; if at home, give street number
Baltimore, Maryland
(c) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County .....
(c) City or town Eldorado
(If outside city or town limits, write RURAL)
(d) Street No. .....
(If rural give location)

3. Full name of child Viola Margaret Griffith Brinsfield

4. Date of birth January 8, 1892
(Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Zoro Hudson Brinsfield
10. Color or race White 11. Age at time of this birth 43 yrs.
12. Birthplace Eldorado, Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation Mercantile
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Margaret Ann Brinsfield
16. Color or race White 17. Age at time of this birth 44 yrs.
18. Birthplace Eldorado, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice:
.....
.....

23. **I hereby certify** to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

(Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)
or Hunter Jon Williams
Commissioner of Health and Registrar
Address ..... 5-12-43 Date

24 Date rec'd by local registrar February 2 1892

25. Signed James F. McShane, M. D.
Registrar

26. Given name added ..... by Registrar per .....

2 1892

0000645

VS 4

RETURN OF A BIRTH. 36871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 8th 1902
4. *Place of Birth, (Street and Number)* 920 N. Saratoga St.
5. *Full Name of Mother,* Bridget Winters
6. *Mother's Maiden Name,* " " " McNally
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Winters
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. John Devine M.D.

Address,

Remarks,

This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1892 0000346

RETURN OF A BIRTH. A 36872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 8, 1892.
4. Place of Birth, (Street and Number)	Cloverdale Farm.
5. Full Name of Mother,	Amanda Elizabeth Ross.
6. Mother's Maiden Name,	Stephens.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	William Morrison Ross.
9. Father's Occupation,	Chair Varnisher.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Elmer H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8920000347

The Register of the City of Baltimore shall cause the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) colored
3. *Date of Birth*, January 8. 1892
4. *Place of Birth*, (Street and Number) 359 Rose Street
5. *Full Name of Mother*, Martha Taylor
6. *Mother's Maiden Name*, Tirrall
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, James Taylor
9. *Father's Occupation*, Waiter
10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other person who makes this Return. Hester Torrence.

Address, 879 Preston Street

Remarks,

1 8 9 2 0 0 0 0 3 4 8

Health. This schedule shall contain a list of the names of the mother and the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9th Jan. 1892
4. Place of Birth, (Street and Number) Eastern Ave. 1735
5. Full Name of Mother, Mary Lang
6. Mother's Maiden Name, " Schmid
7. Mother's Birthplace, Balto.
8. Full Name of Father, Konrad Lang
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 E. Washington St

Remarks,

6 9 2 U 0 0 0 3 4 9

Wm J C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Jan 9/92
4. Place of Birth, (Street and Number) 622 W. Lombard st
5. Full Name of Mother, Sadie Hall
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this return, Dr Haywood Spalding

Address, 622 W Lombard st

Remarks, 622 W Lombard st

8920000350

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2 1892
4. *Place of Birth, (Street and Number)*	Patapsco st 418
5. *Full Name of Mother,*	Louise Kruger
6. *Mother's Maiden Name,*	Louise Ritterzer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Garrett A. B. Kruger
9. *Father's Occupation.*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Schellat
Address,	2022 Chilkenut ave
Remarks,	

1892000003511

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred since the ... of any child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 36877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 10 1902
4. Place of Birth, (Street and Number) 1511 E. Monument St
5. Full Name of Mother, Mrs Kavanagh
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return, Dr S Hayner Harding

Address, 622 W. Lombard

Remarks,

18920000352

Wm J C. Dulany Co., City Printers and Stationers.

The Name of the Child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

pation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practition
third day of each and every month to the office of or practiti
shall occur without the attendance of a physician or it shall
attendance upon the mother, immediately thereafter, in the
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10th Jan. 1892
4. *Place of Birth, (Street and Number)* S. Durham St. 516
5. *Full Name of Mother,* Eva Matthews
6. *Mother's Maiden Name,* " Echman
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Henry Matthews
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Seisenhofer

Address, 235 S. Washington St

Remarks,

8 9 2 0 0 0 0 3 5 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Jan. 1892
4. Place of Birth, (Street and Number) Eastern Ave. 2215
5. Full Name of Mother, Barbara Ritter Keller
6. Mother's Maiden Name, " Balto.
7. Mother's Birthplace, Mich.
8. Full Name of Father, Ritter
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 233 S. Washington St

Remarks, 1892000354

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 1892
4. *Place of Birth, (Street and Number)* 1321 Hollins St.
5. *Full Name of Mother,* Winifred Moriarty
6. *Mother's Maiden Name,* Murphy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James B. Moriarty
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. John McHugh M.D. Fort Carroll Md

Address,

Remarks,

8920000355

Health. This schedule shall contain a list of the births [illegible] the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the licen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

36881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 11, 1892.
4. Place of Birth, (Street and Number)	331 Roland ave.
5. Full Name of Mother,	Lina Callider.
6. Mother's Maiden Name,	Boublitz.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Emerson Lee Callider.
9. Father's Occupation,	Slate Mason.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	691 Chestnut ave.
Remarks,	

8920000356

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th Jan. 1892
4. Place of Birth, (Street and Number) S. Register Av. 254
5. Full Name of Mother, Maggie Zeller
6. Mother's Maiden Name, " Scheppeniss
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Zeller
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington Ed

Remarks, 8920000357

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th Jan. 1892
4. Place of Birth, (Street and Number) N. Wolf St. 11
5. Full Name of Mother, Tilly Fritch
6. Mother's Maiden Name, " Black
7. Mother's Birthplace, Balt'r.
8. Full Name of Father, Julius Fritch
9. Father's Occupation, Butcher
10. Father's Birthplace, Balt'r.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 E. Washington St

Remarks,

1 8 9 2 0 0 0 0 3 5 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any given; the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W hite
3. *Date of Birth,*	January 12 - 1892
4. *Place of Birth, (Street and Number)*	1115 Henry st
5. *Full Name of Mother,*	Lola H Steigler
6. *Mother's Maiden Name,*	Lola H Kaufman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John P.H. Steigler
9. *Father's Occupation.*	Bricklayer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Skelly
Address,	2022 Mc Henry
Remarks,	

1892000003 59

Health. This schedule shall contain a list of the names of each child (if any shall have been born) and the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3685.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 13, 1892.
4. Place of Birth, (Street and Number)	166 Chestnut ave.
5. Full Name of Mother,	Rosa Bell Walls
6. Mother's Maiden Name,	Burns.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John Ellsworth Walls.
9. Father's Occupation,	Cotton Mill operative.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1 8 9 2 0 0 0 0 3 6 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36885½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5 1892
4. Place of Birth, (Street and Number) 1806 Eldersley st 2018
5. Full Name of Mother, Jeannie Pattgiesser
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Ernest Pattgiesser
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary L. Nutter

Address, Washington Co MD

Remarks,

8920000361

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th Jan. 1892
4. *Place of Birth, (Street and Number)* Alice Lunnen Str. 1718
5. *Full Name of Mother,* Christina Jarks
6. *Mother's Maiden Name,* " Gratz
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* John Jarko
9. *Father's Occupation,* Saloonkeeper
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 235 S. Washington St

Remarks,

1 8 9 2 0 0 0 0 3 6 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 15 1902
4. Place of Birth, (Street and Number) 820 E. Baltimore st
5. Full Name of Mother, Mrs Lena Lau
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, Dr. Ames & Johnson

Address, 611 W. Lombard st

Remarks,

8920000363

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15th Jan. 1892
4. Place of Birth, (Street and Number) Jefferson Av. 2235
5. Full Name of Mother, Louise Kehl
6. Mother's Maiden Name, Possinger
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. Kehl
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 E. Washington

Remarks,

89200000364

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 36889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16, 1892.
4. Place of Birth, (Street and Number) 117 Chester St
5. Full Name of Mother, Mary Hazelbak
6. Mother's Maiden Name, Mary Smith.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hazelbak
9. Father's Occupation, Tailor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1892000003 65

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the name conferred; its sex, color, the full name and occupation of the parents, and the date of their marriage. Each such schedule shall be delivered, duly signed by the physician or practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36890.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* January 16 1898
4. *Place of Birth, (Street and Number)* Castle at C3E
5. *Full Name of Mother,* Mary Simek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Simek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Lotz

Address, ~~Hospital~~ Washington

Remarks,

8 9 2 0 0 0 0 3 6 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3684/.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16 1895
4. Place of Birth, (Street and Number) 712 Pearl St
5. Full Name of Mother, Susan Smith
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Fowler & Long

Address, 6m W Lombard St

Remarks,

1 8 9 2 0 0 0 0 3 6 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3684 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th 1892
4. Place of Birth, (Street and Number) 515 N. Arlington Ave
5. Full Name of Mother, Mary Elizabeth Kamerer
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Balto
8. Full Name of Father, William A. Kamerer
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John McK Mc

Address, 701 Monastery Ave

Remarks,

8920000368

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 7 1895
4. *Place of Birth, (Street and Number)* Patterson Park ave 424
5. *Full Name of Mother,* Annie Habel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Theodore Habel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Geo. H. Wentz

Address, Washington 2051

Remarks,

1 8 9 2 0 0 0 0 3 6 9

occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupatio said schedule shall be delivered, duly signed by the practitio practitioner in the form of a certificate between the first and e Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Comm shall occur without the attendance of a physician or practi or it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it sh child to report its birth to the Commissioner of Health. In t any such person or persons who shall hereafter fail to co jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17th 1892
4. *Place of Birth, (Street and Number)* 230 S. Gilmor St.
5. *Full Name of Mother,* Carrie Owings
6. *Mother's Maiden Name,* Pearl
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Egra C. Owings
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John McPhail M.D.

Address, 701 N. Carrollton ave

Remarks,

18920000370

Health. This schedule shall contain a list of the births which have occurred within the ... month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 8, 1892.
4. Place of Birth, (Street and Number)	219 Cedar ave.
5. Full Name of Mother,	Lucinda Cooper.
6. Mother's Maiden Name,	Cornell.
7. Mother's Birthplace,	Va.
8. Full Name of Father,	John Henry Cooper.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Elias H. Mitchell M.D.
Address,	291 Cherbert ave.
Remarks,	

8920000371

1892 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner And within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Jan 13th~~ Jan 10th 1892
4. Place of Birth, (Street and Number) 813 Forest St Balto. Md.
5. Full Name of Mother, Margrett Miller
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Miller
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Day

Address,

Remarks,

0 9 2 0 0 0 0 3 7 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This Schedule shall contain a list of the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 368964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 18 1898
4. *Place of Birth (Street and Number)* Maiden at 105
5. *Full Name of Mother,* Kate Paetow
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst Paetow
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Hopkins

Address, Hospital

Remarks,

8920000373

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 18 97
4. Place of Birth, (Street and Number) 40 Vincent ave
5. Full Name of Mother, Josephine Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. John V Owens

Address,

Remarks, Chas. W Lombardi

1892000374

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

pation of its parents, the date and place of birth; and the
name, and its sex, color, the full name and occupation
been conferred) its sex, color, the full name and occupation
been conferred, duly signed by the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 18 1892
4. *Place of Birth, (Street and Number)* 1 Virginia st. 605
5. *Full Name of Mother,* Mary Waltz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Waltz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Fyfe
Address, Washington 208
Remarks,

1 8 9 2 0 0 0 0 3 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-18-56

RETURN OF A BIRTH

36899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Estella Thorington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) American (White)
3. Date of Birth, January 19th 1892.
4. Place of Birth, (Street and Number) 2210. Fairmount Ave.
5. Full Name of Mother, Daisy Estella Thorington.
6. Mother's Maiden Name, Daisy Estella Hogeboom.
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Samuel Jacob Thorington.
9. Father's Occupation, House Carpenter.
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis

Address, #2102. Orleans St.

Remarks, Forceps delivery.

1892000376

registrar of such birth, and shall give information and certify to the particulars of such birth required by him to enable him to make a correct return thereof. The Commissioner of Health shall prepare and furnish to the registrars of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Jan. 1892
4. Place of Birth, (Street and Number) Robinson Str. 724
5. Full Name of Mother, Lina Rieger
6. Mother's Maiden Name, Betz
7. Mother's Birthplace, Germania
8. Full Name of Father, John Rieger
9. Father's Occupation, Shoemacker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington St

Remarks, 8920000377

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the occupation of its parents, the date and place of their marriage, and the full name and occupation of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or practitioner in attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

36901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th June 1892

4. Place of Birth, (Street and Number) 1716 Riverside Ave

5. Full Name of Mother, Medora Pettus

6. Mother's Maiden Name, Talbert

7. Mother's Birthplace, Va

8. Full Name of Father, Robert Pettus

9. Father's Occupation, Painter

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return Elizabeth Yarnall

Address, 4362 Fort Ave

Remarks,

1892000003 78

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The said schedule shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 36902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Jan. 1892
4. Place of Birth, (Street and Number) Irving Place 4.
5. Full Name of Mother, Maggie Bell O'Keil
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto.
8. Full Name of Father, John O'Keil
9. Father's Occupation, Lumber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhoffer

Address, 235 S. Washington St

Remarks, 18920000379

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... In case the birth of any child ...third day of each and every month to the office of the Commi... should no other person be in ...shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the ...child to report its birth to the Commissioner of Health, in the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 21, 1892
4. Place of Birth, (Street and Number) Bunbut 1619
5. Full Name of Mother, Sapphire Branch
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Branch
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kopp

Address, Washington 05

Remarks,

8 9 2 0 0 0 0 3 8 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th Jan. 1892
4. Place of Birth, (Street and Number) N. Burke St. 104
5. Full Name of Mother, Jennie Doral
6. Mother's Maiden Name, Emmerio
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Dasi
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington St

Remarks,

1 8 9 2 0 0 0 0 3 8 1

Wm J C. Dulany Co., City Printers and Stationers.

...ccupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... ...the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Com... ...or practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practi... ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...jected to the five of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W. Male
3. *Date of Birth,*	January 20. 1892
4. *Place of Birth, (Street and Number)*	Hollhelm st 1906
5. *Full Name of Mother,*	Katie Mc Farlan
6. *Mother's Maiden Name,*	Katie Bosley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John B. Mc Farlan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs J Kelley
Address,	202 N Wilkens Ave
Remarks,	

8 9 2 0 0 0 0 3 8 2

Health. This schedule shall contain a list of the births which have ... each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to ease the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3640b.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21 1892
4. *Place of Birth, (Street and Number)*	Payson st 407
5. *Full Name of Mother,*	Mary A. Baldwin
6. *Mother's Maiden Name,*	Mary A. Mowen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William T Baldwin
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm J Kelly
Address,	2022 Hollins
Remarks,	

1 8 9 2 0 0 0 0 3 8 3

Health. This schedule shall contain a list of the births which ... each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have Health. It shall be the duty of each and every practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1/21/92
4. Place of Birth, (Street and Number) 622 W. Fombord st
5. Full Name of Mother, Mrs. Henry Hutchins
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr. Sturgeon & Spalding

Address, Md. University Hospital

Remarks, 622 W. Fombord st

1892 0000384

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-17-56

RETURN OF A BIRTH

36908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lena Pearl Gambrell. First.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, January 21st 1892.
4. Place of Birth, (Street and Number) # 2337 E. Fayette st
5. Full Name of Mother, Lena A. ~~Gambrell~~ Gambrell
6. Mother's Maiden Name, Lena A Hann
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Charles Edw. ~~Gambrell~~ Gambrell
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. John Davis

Address, # 2102 Orleans st.

Remarks, Forceps delivery

18920000385

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such child has been christened, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 22 1892
4. *Place of Birth, (Street and Number)* 909 Eastern Ave.
5. *Full Name of Mother,* Ida Allen Weaver
6. *Mother's Maiden Name,* Rodd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James R. Weaver
9. *Father's Occupation,* Gas Inspector
10. *Father's Birthplace,* Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return, Mary Shine

Address, 1127 E Fort St.

Remarks,

1892 0000386

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22 1892
4. *Place of Birth, (Street and Number)* 223 S. Hadaway Alley
5. *Full Name of Mother,* Julia Grill
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Hungarian
8. *Full Name of Father,* Frank Grill
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Hungaria

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1122 E Pratt St.

Remarks,

8920000387

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the name, residence, color, the full name and occupation of its parents, the date and place of birth; and the date when, and the name and residence of the person by whom the child was delivered, and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36911.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd of January
4. *Place of Birth, (Street and Number)*	2112 Mary Ann
5. *Full Name of Mother,*	Ana Rabel
6. *Mother's Maiden Name,*	Ana Thehold
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Rabel
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Midwife
Address,	2116 West Pratt St.
Remarks,	

1892 0000388

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36417.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2-
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 of January
4. *Place of Birth, (Street and Number)*	211 alle Henry
5. *Full Name of Mother,*	Maria Schaack
6. *Mother's Maiden Name,*	Maria Zitter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Casper Schaack
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauler Midwife
Address,	216 West Pratt St
Remarks,	

1 8 9 2 0 0 0 0 3 8 9

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. A 36913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 d Jan. 1892
4. Place of Birth, (Street and Number) 1 Cheapside Nr. 237
5. Full Name of Mother, Kathie Kaufman
6. Mother's Maiden Name, Menning
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kaufman
9. Father's Occupation, workman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington St

Remarks,

1 8 9 2 0 0 0 0 3 9 0

Wm J C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...ctitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH.

A 3691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21 1892
4. Place of Birth, (Street and Number) 625 E
5. Full Name of Mother, Barbara Stecker
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Stecker
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopka

Address, Washington

Remarks,

8920000391

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have
month, and shall set forth as far as the same can be ascer
and occupation of its parents, the date and place of birth, and the
been conferred, its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 3641B.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 4/4.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 22, 1892.
4. Place of Birth, (Street and Number)	Col. Walbrook ave. & Hudson
5. Full Name of Mother,	Laura Missouri Havel.
6. Mother's Maiden Name,	Miller.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	James Frederick Havel.
9. Father's Occupation,	Railroader (Electric)
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	691 Chestnut ave.
Remarks,	

1892 0000392

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 36916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23d Jan 1891

4. Place of Birth, (Street and Number) 1319 Riverside Ave

5. Full Name of Mother, Alice Zimmerman

6. Mother's Maiden Name, Zepp

7. Mother's Birthplace, Martinsburg W Va

8. Full Name of Father, Charles Zimmerman

9. Father's Occupation, Engineer

10. Father's Birthplace, Martinsburg W Va

Name of Medical Attendant, or other Person who makes this Return Elizabeth Powell

Address, 43 E Fort Ave

Remarks,

1892 0 0 0 0 3 9 3

BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH. 36917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 23/92
4. *Place of Birth, (Street and Number)*	1433 Fulton av
5. *Full Name of Mother,*	L Wagner
6. *Mother's Maiden Name,*	Martha Buchman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward L Wagner
9. *Father's Occupation,*	Paperhanger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	A C Pole
Address,	2038 Madison Av
Remarks,	City

1892U000394

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 36918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 23 1892
4. Place of Birth, (Street and Number) 652 W. Fombard st
5. Full Name of Mother, Hagel Heiken
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. Borgwe V. Hadley

Address, Md. University Maternite

Remarks,

1 8 9 2 0 0 0 0 3 9 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 23 1892
4. *Place of Birth, (Street and Number)*	44 Fayette st.
5. *Full Name of Mother,*	Mary Tailor Telle
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Emil Tailor
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	H. Lohwasser midwife
Address,	1032 Hanover st.
Remarks,	

1892000003 96

WM. J. C. DULANY CO CITY PRINTERS & STATIONERS.

The Physician or Midwife in attendance upon any birth shall within ten days thereafter report to the Commissioner of Health the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CERTIFICATE CORRECTED 2-11-55

RETURN OF A BIRTH.

A 36920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph John ——— Foy

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 19th 1892
4. *Place of Birth, (Street and Number)* Castle st 7
5. *Full Name of Mother,* Kate Foy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Foy
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Geo Shopter

Address, Walker & 208

Remarks,

8920000397

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, if any shall have
been conferred, its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be r
month, and shall set forth as far as the same can be ascer
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
he Commissioner of Health, or should no other person be in
or practitioner of midwifery, of the person or parents of such
er it shall become the duty of the person required, and
alth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

36920½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 28 1892
4. *Place of Birth, (Street and Number)* 408 Bush 116 E
5. *Full Name of Mother* Annie Kvet
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Wenzel Kvet
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Shipton

Address, 1205 W Lombard

Remarks,

1892000003 98

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 23 92
4. *Place of Birth, (Street and Number)* No 2017 Kaiser Ste
5. *Full Name of Mother,* Laura Mc Donell
6. *Mother's Maiden Name,* nee Evans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ed. A. Mc Donell
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross.

Address, No 1907 E Monument Ste

Remarks,

1892000003999

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

son of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its
duly signed by the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

369 rr

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Virginia ~~Hardester~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 29th 1892
4. *Place of Birth, (Street and Number)* Chase st 1820
5. *Full Name of Mother,* ~~Anna~~ Hardester, Anna
6. *Mother's Maiden Name,* Anna Mitchell
7. *Mother's Birthplace,* ~~Canton~~ Baltimore
8. *Full Name of Father,* ~~Charles~~ Hardester, Christopher C.
9. *Father's Occupation,* Teles
10. *Father's Birthplace,* ~~Canton~~ Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Cox

Address, Washington Co

Remarks, CERTIFICATE CORRECTED 1-18-54

1892000647 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 3693

To the Officer of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child, 3

1. Sex, (state whether male or female) Female.
2. Race, (if not of the white race) White.
3. Date of birth, January 24, 1892.
4. Place of birth, (Street and Number) 930 Ann Hailey's.
5. Full name of Mother, Rosa Anne Hailey.
6. Mother's maiden Name, Lucke.
7. Birthplace of Father, Thomas Enoch Hailey's.
8. Occupation, Laborer.
9. Birthplace, Va.
10. Medical Attendant, or other person who makes this Return. Chas. A. Mitchell M.D. 291 Cleveland ave.

9200000401

Health, and also to collect a list of the deaths which have occurred under his care during the month, and the names and residences of the parents of each child. He shall have been born dead, and also a certificate of the cause of death of such child. He shall also report to the Commissioner of Health, within the first ten days of each month, the number of births and deaths which have occurred during the preceding month in the district assigned to him, and shall perform such other duties as may be required of him by the Board of Health or the Commissioner of Health. He shall be entitled to receive from the City Register, for each birth and death reported by him, such fees as may be established by the Board of Health, not exceeding ten cents for each birth and twenty-five cents for each death reported by him, which fees shall be in full compensation for all services rendered by him under this section. Any Registrar who shall neglect or refuse to perform the duties required of him by this section shall forfeit and pay a fine of not less than ten dollars nor more than fifty dollars for each offence, to be recovered as debts of like amount are recoverable.

J. C. DU... STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH A 3697 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 24, 1892.
4. *Place of Birth, (Street and Number)*	930 Fuchs' ave.
5. *Full Name of Mother,*	Rosa Ann Hainlip.
6. *Mother's Maiden Name,*	Smith.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Thomas Enoch Hainlip.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

2 0 0 0 0 4 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 24/97
4. Place of Birth, (Street and Number) 622 W Fayette St
5. Full Name of Mother, Fina Fury
6. Mother's Maiden Name, Pollard
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, Dr Haywood Hardesty

Name of Medical Attendant, or other person who makes this Return,

Address, Md University Emergency Hospital

Remarks, 1 8 9 2 0 0 0 0 4 0 2

Shall any child be born alive within the limits of Baltimore City, the same shall be registered as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

A 3697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 24 - 1892
4. *Place of Birth, (Street and Number)* 705 S Eden St.
5. *Full Name of Mother,* Idabell Dougherty
6. *Mother's Maiden Name,* Canby
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Daniel Dougherty
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E Strath St

Remarks,

1892 0000403

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36926.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Third

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* January 24. 1892
4. *Place of Birth,* (*Street and Number*) 914 Morton Alley.
5. *Full Name of Mother,* Jennie Sharpe
6. *Mother's Maiden Name,* C Larkins
7. *Mother's Birthplace,* Northumberland Co
8. *Full Name of Father,* Morris Sharpe
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other person who makes this Return. Keeler Botanic

Address, 509 Preston Street

Remarks,

1892 0 0 0 0 4 0 4

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36927.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24 1892
4. *Place of Birth, (Street and Number)*	Paca n 326
5. *Full Name of Mother,*	Ella Ulrich
6. *Mother's Maiden Name,*	Ella Tuttle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Ulrich
9. *Father's Occupation.*	Hair finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Dooley
Address,	2022 Wilkens Ave
Remarks,	

8920000004405

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 24 1892
4. Place of Birth, (Street and Number)	Gilmore at 300
5. Full Name of Mother,	Rosie Klimpfer
6. Mother's Maiden Name,	Rosie Luttges
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Joseph B Klimpfer
9. Father's Occupation,	Saloon keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs H S Kellam
Address,	2022 Aisquith Ave
Remarks,	

8920000004406

Health. This Return is to be made as far as the same can be ascertained the full name of each child and the month, and shall set forth as far as the same can be ascertained the full name of each child and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 36929

Health. This schedule shall contain a list of the births which have occurred during the first day of each month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Child
3. *Date of Birth,* Jan. 24th 1892
4. *Place of Birth, (Street and Number)* 730 N. Eutaw St.
5. *Full Name of Mother,* Kate Schultz
6. *Mother's Maiden Name,* " " " Winter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Schultz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1892 00004407

RETURN OF A BIRTH. 36930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25 1892
4. Place of Birth, (Street and Number) Sot Castle St 518
5. Full Name of Mother, Henrietta Himmen
6. Mother's Maiden Name, Henrietta Smith
7. Mother's Birthplace, Baltimore M. D
8. Full Name of Father, George Himmen
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1213 Eastern Ave

Remarks,

8 9 2 U 0 0 0 8 4 0 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health, and shall set forth as far as the same can be ascertained the full name of each child born alive within the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25th of January
4. Place of Birth, (Street and Number)	14 Brown Lane
5. Full Name of Mother,	Mathilda Haldenbach
6. Mother's Maiden Name,	Mathilda Christ
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gottlieb Haldenbach
9. Father's Occupation,	Bürstenbinder
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederieke Heuler Midwife
Address,	2116 West Pratt St
Remarks,	

+ 8920000409

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 36932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1*st*, ~~2d, 3d, &c.~~)

1. *Sex,* (~~State whether~~ male ~~or female~~)
2. *Race or color,* (*if not of the white race*) Colored
3. *Date of Birth,* 1/25/1892
4. *Place of Birth,* (*Street and Number*) 308 Diamond al.
5. *Full Name of Mother,* Mary Green
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* (unmarried)
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Pearce Kentzing MD

Address, 601 Franklin St.

Remarks,

1892000041 0

Health. This schedule is to be filled out by the attending physician, midwife, parent or householder, as far as the same can be ascertained the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name, and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name, and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name, and occupation of the parents, the first and duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons, who shall hereafter fail to comply with the

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

health. This schedule shall be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jany 25-
4.	*Place of Birth, (Street and Number)*	30 E. West St
5.	*Full Name of Mother,*	Sarah O'Hara
6.	*Mother's Maiden Name,*	" Corcoran
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Jas. O'Hara
9.	*Father's Occupation,*	Horseman
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return,	L. C. Bunch M.D
	Address,	511 Hamm St
	Remarks,	

18920000411

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	F
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 25. 92
4.	*Place of Birth, (Street and Number)*	1522 n Linwington St
5.	*Full Name of Mother,*	Lydia Logan
6.	*Mother's Maiden Name,*	A Mumma
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Jas Logan
9.	*Father's Occupation,*	Merchant
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	J. M. Hundley
	Address,	1002 Etnam Ave
	Remarks,	

1892000041 2

1892 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 369.35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 25 1892
4. Place of Birth, (Street and Number) Wolf st 1113
5. Full Name of Mother, Mary Vatzek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Paul Vatzek
9. Father's Occupation, Cabs
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hospital

Address, Washington ave 205

Remarks,

8 9 2 0 0 0 0 4 1 3

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 36936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 3 1892 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 25, 1892.
4. Place of Birth, (Street and Number)	416 Roland ave.
5. Full Name of Mother,	Lilly Rebecca Griffith
6. Mother's Maiden Name,	Le Roy.
7. Mother's Birthplace,	Ind.
8. Full Name of Father,	William Henry Griffith.
9. Father's Occupation,	Machinist.
10. Father's Birthplace,	Ind.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Cleveland ave.
Remarks,	

8920000414

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-11-57

CERTIFICATE CORRECTED 3-2-57

RETURN OF A BIRTH. 369.37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Walter Lee ~~O'Neal~~ O'Neill

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 25 1892
4. Place of Birth, (Street and Number) 211 N. Hill O'Neill
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Lee O'Neill
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thos. Thomas Esq

Address, 106 N. Schroeder St

Remarks,

18920000415

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...month, this certificate shall set forth as far as the same can be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month conferred its sex, color,

Health. This schedule shall contain a list of the births which have occurred in the house or in the case of any institution in which any child was born during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Fml
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 26 1897
4. *Place of Birth, (Street and Number)* Bethel st 21 c
5. *Full Name of Mother,* Annie Bruce
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Fredrick Bruce
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary A. Leptin

Address, Washington

Remarks,

8 9 2 0 0 0 0 4 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36939.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1V

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 26/92
4. Place of Birth, (Street and Number) 622 W. Fremont
5. Full Name of Mother, Josephine Wagner
6. Mother's Maiden Name, —
7. Mother's Birthplace, md
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr Hargrove Haldeman

Address, 622 W Fremont St

Remarks, 8920000417

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of its parents, the color, the full name and occupation of the first and been conferred) its sex, color the full name and occupation between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th Jan. 1892
4. Place of Birth, (Street and Number) E. Durham Str. 102
5. Full Name of Mother, Barbara Uttenreiter
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Uttenreiter
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235. E. Washington

Remarks,

8920000418

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 11-29-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Edward Emil Tribull II

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Jan. 1892
4. Place of Birth, (Street and Number) 2. Register St. 225
5. Full Name of Mother, Bassey ~~Tribull~~ Tribull
6. Mother's Maiden Name, " Linde
7. Mother's Birthplace, Balto.
8. Full Name of Father, Emiel ~~Tribull~~ Tribull
9. Father's Occupation, Ingineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 235 S. Washington Sq

Remarks,

1892000004 19

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

3641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred in the family, or in the house or premises occupied by the family, since the last return of births was made, and the full name of each child, if any shall have been concealed, can be ascertained the full name of each child, if any shall have been concealed, and the same can be ascertained the full name of each child; and the date and place of birth; and the said schedule and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been concealed, and the same can be ascertained the full name of each child; and the date and place of birth; and the said schedule and shall set forth as far as the same occupation of its parents, the date and place of birth; and the third day of ferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of ferred; its sex, color, the full name and occupation of its parents, the certificate between the first and

RETURN OF A BIRTH.

369 W

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight-

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* January 26. 1892
4. *Place of Birth, (Street and Number)* 1424 Wilmer Alley
5. *Full Name of Mother,* Ella Wolford
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Hayes E. Wolford
9. *Father's Occupation,* Waiter waiting
10. *Father's Birthplace,* Caroline Shore

Name of Medical Attendant, or other person who makes this Return. Hayes Constance

Address, 589 Preston Street

Remarks,

1892 U 000421

Health. [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child of any such have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colord race
3. Date of Birth, Tuesday 26 1892 January
4. Place of Birth (Street and Number), 223 Eloy St Balti
5. Full Name of Mother, Annie MacMc Leighman
6. Mother's Maiden Name, Annie mattie Boulden
7. Mother's Birthplace, Allen Anne County Md
8. Full Name of Father, Charles Leighman
9. Father's Occupation, Coachman
10. Father's Birthplace, Cumberland Md

Name of Medical Attendant, or other person who makes this Return. A Jannis Eamyer

Address, 223 Eloy St / Balti

Remarks,

1892 0 0 0 0 4 2 2

and shall set forth as far as the child shall be born in the city, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

36944.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

1. *Sex, (~~State whether male or~~ female)*
2. *Race or color, (if not of the white race)* Colored.
3. *Date of Birth,* 1/26/92
4. *Place of Birth, (Street and Number)* 508 Monroe al.
5. *Full Name of Mother,* Mary Johnson.
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Lewis Johnson,
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Pearce Kontzmg M.D.

Address, 601 Franklin St.

Remarks,

1 8 9 2 0 0 0 0 4 2 3

Health. This schedule shall contain the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

3694W.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 26th
4. *Place of Birth, (Street and Number)* 405 Presque place
5. *Full Name of Mother,* Emly White
6. *Mother's Maiden Name,* Emly Owens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward John White
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W H Everhart MD

Address, 213 W Hamburg Ave

Remarks,

1892000424

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with

RETURN OF A BIRTH. 3694.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1308 Garrett Avenue Locust Point
4. Place of Birth, (Street and Number) January 26th 1892
5. Full Name of Mother, Susana Hümerich
6. Mother's Maiden Name, Susana Shäfer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andreas Hümerich
9. Father's Occupation, Stevedore
10. Father's Birthplace, Wallenfels Kronach Bavaria Germany

Name of Medical Attendant, or other person who makes this Return, Lina Lang Midwife

Address, 1333 Hull St Locust Point

Remarks,

1892 0000425

Month, and shall set forth the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 36947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* A Male.
2. *Race or Color, (if not of the white race)* White Race.
3. *Date of Birth,* Jan. 26/92
4. *Place of Birth, (Street and Number)* No. 17. 15 Charles St.
5. *Full Name of Mother,* Lizzie Powley
6. *Mother's Maiden Name,* " Fisher
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* August Powley
9. *Father's Occupation,* Piano Maker.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Emil Jeune

Address, No 13 S. Charles St.

Remarks, Yours Respectfully.

8920000426

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 26th
4.	*Place of Birth, (Street and Number)*	403 Bucepius Place
5.	*Full Name of Mother,*	Jennie Shriver
6.	*Mother's Maiden Name,*	Jennie Sappington
7.	*Mother's Birthplace,*	St Marys Co Md
8.	*Full Name of Father,*	David Shriver
9.	*Father's Occupation,*	Car Driver
10.	*Father's Birthplace,*	Kent Co Md
	Name of Medical Attendant, or other person who makes this Return,	Dr Everhart
	Address,	213 W Hamburg Ave
	Remarks,	

8920000427

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 26 of January
4. Place of Birth, (Street and Number) 811 Price Street
5. Full Name of Mother, Clara W. Chaney
6. Mother's Maiden Name, Jolley
7. Mother's Birthplace, Cambridge
8. Full Name of Father, Horace Chaney
9. Father's Occupation, Laboring
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Peter Tolance

Address, 979 Preston Street

Remarks,

1892000000428

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. The parent shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been born in the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 36950.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 26, 1892.
4. Place of Birth, (Street and Number)	1611 Lesperance
5. Full Name of Mother,	Kate Defender Amos.
6. Mother's Maiden Name,	Wilhelm
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John L. Amos.
9. Father's Occupation,	Engineer (Railroads)
10. Father's Birthplace,	Ind.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut-ave.
Remarks,	

8920000429

Health. This schedule shall contain a list of the names which the parents intend to give each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36951.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Jan 1892
4. Place of Birth, (Street and Number) Griffeno Court, 2221
5. Full Name of Mother, Augusta Karl
6. Mother's Maiden Name, " Battler
7. Mother's Birthplace, Germania
8. Full Name of Father, John Karl
9. Father's Occupation, Laterer
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 E. Washington

Remarks,

1892 0000430

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... In case the birth of any child ...third day of each and every month to the office of the Com... the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or prac... or practitioner of midwifery, of the person or parents of such ...attendance upon the mother, immediately thereafter it... the period above required, and ...child to report its birth to the Commissioner of Health, in ... shall become the duty of ...any such person or persons who shall hereafter fail to co... the manner and within ...jected to the fine of ten (10) dollars for each offence, to be r... section shall be sub... to comply with the provisions of this ...ail to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 26/97
4. Place of Birth, (Street and Number) 622 N. Fremont st
5. Full Name of Mother, Mary Pitts
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Hargrove & Hayden

Address, Md University Maternite

Remarks,

18920000431

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22, 02
4. Place of Birth, (Street and Number) 1 to 25 Mary St.
5. Full Name of Mother, Blanche Rice
6. Mother's Maiden Name, Blanche Keen
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm. Rice
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 2 0 0 0 0 4 3 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 36954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th Jan. 1892
4. Place of Birth, (Street and Number) N. Patterson Park Ave. 402
5. Full Name of Mother, Fredericke Ragg
6. Mother's Maiden Name, n Wurmstich
7. Mother's Birthplace, Germania
8. Full Name of Father, Fred. Ragg
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 235 E. Washington St

Remarks,

8920000433

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

36455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd of January
4. *Place of Birth, (Street and Number)*	241 Schmallwood Ave
5. *Full Name of Mother,*	Anna Rock
6. *Mother's Maiden Name,*	Anna Schröder
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman F. Rock
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	

89200000434

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-4-56

RETURN OF A BIRTH.

3695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Beatrice Hazel Shipley 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27th 1922
4. Place of Birth, (Street and Number) 515 S Patterson Pk Ave
5. Full Name of Mother, Josephine Shipley
6. Mother's Maiden Name, Josephine Graham
7. Mother's Birthplace, Italy
8. Full Name of Father, Oscar Shipley
9. Father's Occupation, Laborer [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Patterson

Remarks,

1 8 9 2 0 0 0 0 4 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 10-23-58

RETURN OF A BIRTH. 369567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John George Menne

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 of January
4. *Place of Birth, (Street and Number)*	437 Pulaski St
5. *Full Name of Mother,*	Bertha Menne
6. *Mother's Maiden Name,*	Bertha Münke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Hermann Menne
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Kenler Midwife
Address,	2114 West Pratt St
Remarks,	

8920000436

Wm J C. Dulany Co., City Printers and Stationers.

FILM SAFETY BLACK

RETURN OF A BIRTH. 36937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Jan 27/92.
4. *Place of Birth, (Street and Number)* No 1633 Elizabeth Lane
5. *Full Name of Mother,* Minnie Drewing,
6. *Mother's Maiden Name,* Ll Bohme.
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Wm Drewing.
9. *Father's Occupation,* Paver.
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Annie Jenns.

Address, No 1603 S. Charles St

Remarks, Yours Respectfully,

1 8 9 2 0 0 0 0 4 3 7

Health. This schedule shall contain a list of the names of each child, if any shall have been born alive within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th. 1892
4. *Place of Birth, (Street and Number)* No. 1859 N. Gay St. Balt.
5. *Full Name of Mother,* Mary E. Smith
6. *Mother's Maiden Name,* " " Veasel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles C. Smith
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmid

Address, No. 1859 N. Gay St. City

Remarks, born with a caul over H

8920000438

Wm. J. C. Dulany & Co., City Printers and Stationers

Notice. This schedule is to be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36958½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* colute
3. *Date of Birth,* January 27 1892
4. *Place of Birth, (Street and Number)* Castle st 138
5. *Full Name of Mother,* Mary Moorehouse
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Moorehouse
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Joseph

Address, Westinghouse 205

Remarks,

+ 6 9 2 0 0 0 0 4 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 36959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 - 11

1. *Sex, (state whether male or female)* Males
2. *Race or Color, (if not of the white race)* - - -
3. *Date of Birth,* 27 Jan 1892
4. *Place of Birth, (Street and Number)* S.E. Cor. Hanover & Fidmont
5. *Full Name of Mother,* Lina Giesecke
6. *Mother's Maiden Name,* Seebode,
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August H Giesecke
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ellis L Gross M.D.

Address, No. 1907 E Monument St.

Remarks,

1892 0 0 0 0 4 4 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

month, and shall set forth in full the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 3960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* January 17 1892
4. *Place of Birth, (Street and Number)* Chapel E st 10
5. *Full Name of Mother,* Mary Wagengast
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louisa Wagengast
9. *Father's Occupation,* Actor.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Koptis

Address, Washington 205

Remarks,

8920000441

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-18-55

36961.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Henry Scharnagle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 27 1892
4. Place of Birth, (Street and Number)	Bond st 306
5. Full Name of Mother,	Maggie Scharnagle
6. Mother's Maiden Name,	Maggie Lang
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph P Scharnagle
9. Father's Occupation.	Cigar maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs E Kellett
Address,	2022 Madison
Remarks,	

18920000442

Health. This return must be made as soon as the same can be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* 27 of January 1899
4. *Place of Birth, (Street and Number)* Baltimore 1109 Russell St
5. *Full Name of Mother,* Mary Ida Rivers
6. *Mother's Maiden Name,* Mary Ida Riley
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John J Henry
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other person who makes this Return. Catherine Riley

Address, 1126 Russell St

Remarks,

8920000443

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 36983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the care of each midwife during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, be in third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Junary 28 1892

1. Sex, (state whether male or female) ~~Male~~ female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Wenday
4. Place of Birth, (Street and Number) 321 Preston st
5. Full Name of Mother, Malindia Saymans
6. Mother's Maiden Name,
7. Mother's Birthplace, King gearge co va
8. Full Name of Father, Willian Smith
9. Father's Occupation, cochman
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. Mrs Cornish

Address, 218 Canel alley

Remarks,

1892000444

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Coughlan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28 1892
4. Place of Birth, (Street and Number) 2011 Easton av.
5. Full Name of Mother, Sarah Coughlan
6. Mother's Maiden Name, Sarah Murdock
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Kenian Coughlan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Easton av

Remarks, GIVEN NAME ADDED 2-2-54 h.m.

8 V 2 0 0 0 0 4 4 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This return is to be made as far as the same can be ascertained the full name of each child, the sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate the birth of any child been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th Jan. 1892
4. Place of Birth, (Street and Number) 1. Madeira Alley 423
5. Full Name of Mother, Henrietta Auffarth
6. Mother's Maiden Name, " Schiefer
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Auffarth
9. Father's Occupation, Cannedokes
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mar. Deisenhofer

Address, 235 S. Washington St

Remarks,

8 9 2 0 0 0 0 4 4 6

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the Com... the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or prac... or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it sh... ter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in ...alth, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to co... ail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be r... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 28 1892
4. Place of Birth, (Street and Number) 1416 Canton Av.
5. Full Name of Mother, Anna Maria Kisling
6. Mother's Maiden Name, Heimes
7. Mother's Birthplace, Germany
8. Full Name of Father, Philipp Kisling
9. Father's Occupation, Paper Carrier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carl Stein

Address, 1427 E Fraft St.

Remarks,

8 9 2 U 0 0 0 4 4 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28th of January
4. Place of Birth, (Street and Number)	2024 Christian St.
5. Full Name of Mother,	Rebeca Levi
6. Mother's Maiden Name,	Rebeca Hantzmann
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Heimann Levi
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenler midwife
Address,	2116 West Pratt St
Remarks,	

8 9 2 0 0 0 0 4 4 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 36968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28 th 1892
4. Place of Birth, (Street and Number) 33 North Stafford St Baltimore
5. Full Name of Mother, Kate Piquett
6. Mother's Maiden Name, Kate Hoober
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George D Piquett
9. Father's Occupation, Bristle Worker
10. Father's Birthplace, Carroll Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah A Piquett

Address, Carroll Baltimore

Remarks,

1 8 9 2 0 0 0 0 4 4 9

...and shall set forth as far as the same can be ascertained the full date of each birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 36959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 28, 1872
4. *Place of Birth, (Street and Number)* City. 618 Montgomery st
5. *Full Name of Mother,* Annie Gantt
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Calvert Co. Md
8. *Full Name of Father,* Frank Parran
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Harkey Simms

Address, 523 West St.

Remarks,

8920000450

Health. It shall be the duty of the parent, or in his absence, of the nearest relative present at the birth of any child, to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* January 25. 1892.
4. *Place of Birth, (Street and Number)* 916 Wicklow Alley
5. *Full Name of Mother,* Mary Peters Lee
6. *Mother's Maiden Name,* (illegible)
7. *Mother's Birthplace,* Talbot County
8. *Full Name of Father,* Creeko Parr
9. *Father's Occupation,* Laboring.
10. *Father's Birthplace,* Caroline Co Virginia

Name of Medical Attendant, or other person who makes this Return. Wm Lee Holmes

Address, 509 Preston Street.

Remarks,

8920000451

Health, and shall set forth as far as the same can be ascertained the full name of each child born alive in any such house during the month, and shall set forth as far as the same can be ascertained the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colrd
3. *Date of Birth,*	28 Jany 1892
4. *Place of Birth, (Street and Number)*	439 d. Fremont
5. *Full Name of Mother,*	Mary Anderson
6. *Mother's Maiden Name,*	Mary Drakeford
7. *Mother's Birthplace,*	Geo. Ga
8. *Full Name of Father,*	Anderson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Georgia
Name of Medical Attendant, or other person who makes this Return.	C. B. Hamble Jr.
Address,	925 Cathedral Street
Remarks,	

1892000452

Health. This schedule shall contain a list of the births which have occurred in the family of each child, if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person required, and attendance upon the mother, immediately thereafter it shall be required, in the manner and within the period above specified, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

36972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th 1922
4. Place of Birth, (Street and Number) 2223 Orleans Street
5. Full Name of Mother, Sophie Pauline Kaufman
6. Mother's Maiden Name, Sophie Pauline Kaufman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Kaufman
9. Father's Occupation, Plumber & Gas fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah E Knabe

Address, 216 N Patterson Park Avenue

Remarks,

1 8 9 2 0 0 0 0 4 5 3

month, and shall set forth as far as the same can be ascertained the full name of each child, of any, shall have been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* January 28 1892
4. *Place of Birth, (Street and Number)* 642 Dolphin St Baltimore
5. *Full Name of Mother,* Mamie Bennett
6. *Mother's Maiden Name,* Mary Mibay
7. *Mother's Birthplace,* Portland
8. *Full Name of Father,* William Bennett
9. *Father's Occupation,* Sexton
10. *Father's Birthplace,* Portland

Name of Medical Attendant, or other person who makes this Return. Mrs Carroll

Address, 1428 Freeman

Remarks, 1892000454

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 92
4. Place of Birth, (Street and Number) 1208 East Baltimore
5. Full Name of Mother, Agnes Fuller
6. Mother's Maiden Name, Agnes Welch
7. Mother's Birthplace, Baltimore Md City
8. Full Name of Father, Richard Perkins
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Miss Mary Fleming

Address, 410 S Stricker St Baltimore City Md

Remarks, Mother and Child are doing well

8920000455

The above return can be ascertained the full name of each child, if any such child, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any such child, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of Jan 1892
4. *Place of Birth, (Street and Number)* S Chapel st 218
5. *Full Name of Mother,* Eliza Hyde
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Charles D Hyde
9. *Father's Occupation,* Capt on Log Boat
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other person who makes this Return. M & Dunnan

Address, 225 S ann St

Remarks, Dr Jas Dairy Weld

8920000156

This schedule shall contain a true statement of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ✕ James Hamilton Payne

1. Sex, (state whether male or female) (7) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 29, 92
4. Place of Birth, (Street and Number) 1610 ✕ Park ✕
5. Full Name of Mother, Alice G. ~~Cowman~~ Payne
6. Mother's Maiden Name, " " Cowman
7. Mother's Birthplace, Balto.
8. Full Name of Father, J. H. Norfan Payne
9. Father's Occupation, Real Estate Broker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. M. Woodley

Address, 1001 Druid Park Ave

Remarks,

1 8 9 2 0 0 0 0 4 5 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be submit it to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

36977.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Any physician, midwife, or other person who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 29
4. Place of Birth (Street and Number)	1623 Mulberry St
5. Full Name of Mother	Nellie Arnt
6. Mother's Maiden Name	Nellie Reed
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Wm Arnt
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Robt K. Kneas
Address	1205 W Fayette St
Remarks	

18920000458

RETURN OF A BIRTH 36978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	Jan 24th 1892
4. Place of Birth, (Street and Number)	1814 Gilmanton Ave
5. Full Name of Mother,	Kate Kowalski
6. Mother's Maiden Name,	Lithuania
7. Mother's Birthplace,	Chas Kowalski
8. Full Name of Father,	Tailor,
9. Father's Occupation,	Lithuania
10. Father's Birthplace,	Chas B. Zia 2 mo
Name of Medical Attendant, or other Person who makes this Return.	920 N Broadway
Address,	
Remarks,	

8 9 2 U 0 0 0 0 4 5 0

The births which have occurred under his or her care during the month, stating the sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of its list of the births which have occurred under his or her care during the month, stating the sex, color, the full name and occupation of its ascertained the full name of each child (if any shall be delivered), duly signed by the practitioner in the form of a parents the date and place of birth, and the said schedule every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of the person or parents of such child to be in attendance upon the mother, immediately thereafter and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-11-54

RETURN OF A BIRTH.

269 79

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julius Finebergh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1892
4. Place of Birth, (Street and Number) 8406 Park St
5. Full Name of Mother, Katie Fineberg
6. Mother's Maiden Name, Theadore
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam Fineberg
9. Father's Occupation, Clerk
10. Father's Birthplace, Roumania

Name of Medical Attendant, or other person who makes this Return, [redacted] Schermerhorn

Address, 42 Abbott St

Remarks,

8920000004600

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the Births ... name of each child, if any shall have ... and shall set forth as far as the same can be ascertained the full name ... state and place of birth; and the ... month, and shall set forth as far as the same can be ascertained the full name ... state and place of birth; and the ... been conferred) its sex, color, the full name and occupation ... certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner, ... certificate the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the ... of any child ... shall occur without the attendance of a physician or midwife, or should no other person be in ... shall occur without the mother, immediately thereafter it shall become the duty of the person required, and ... attendance upon the mother, immediately thereafter it shall become the duty of the physician or practitioner ... Health, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health. ... after it shall become the duty of the person required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred; its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pract
attendance upon the mother immediately thereafter it sha
child to report its birth to the Commissioner of Health, who
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be re

RETURN OF A BIRTH. 36980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 January.
4. Place of Birth, (Street and Number) ~~12~~ 1208 Hoere street.
5. Full Name of Mother, Johana Mordrag. Sobinski
6. Mother's Maiden Name, Germany.
7. Mother's Birthplace, Jahn Mordrag.
8. Full Name of Father, Laborer.
9. Father's Occupation, Germany.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. P. Liersemann.

Address, 1225 Hoere street.

Remarks,

1892 FEB

1892 FEB

8920000461

WM J C DULANY CO CITY PRINTERS AND STATIONERS

be ascertained the full name of each child, if any shall have
been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 36981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 4 1892 CITY BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	1 Januar.
4. Place of Birth, (Street and Number)	1213 Orlando Street
5. Full Name of Mother,	Anna Hatschert
6. Mother's Maiden Name,	Hofmann
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Georg Hatschert
9. Father's Occupation,	Laber
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs. F. Siersmann
Address,	1225 Hare street.
Remarks,	

1 8 9 2 U 0 0 0 4 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name, occupation and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 36482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 12 /92
4. *Place of Birth, (Street and Number)*	# 1809 Dover st.
5. *Full Name of Mother,*	Minnie Schrodetzky.
6. *Mother's Maiden Name,*	" " Radke
7. *Mother's Birthplace,*	Stabitz
8. *Full Name of Father,*	William Schrodetzky.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Deutschland
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	# 106 S. Ramsay st.
Remarks,	

8920000463

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 January 1892
4. *Place of Birth, (Street and Number),* 1116 E Eastland Av
5. *Full Name of Mother,* Rosie Gurie Quitt
6. *Mother's Maiden Name,* Quitt
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Gurie
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, C. Schuman

Address, 42 Albemarle St.

Remarks,

8 9 2 U 0 0 0 0 4 6 4

Health. This schedule shall contain a list of the names of each child, (if any shall have been ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE FEB 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

Aron 3698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th January 1892
4. Place of Birth, (Street and Number) 1128 Low St.
5. Full Name of Mother, Celia Finkstein Ginsberg
6. Mother's Maiden Name, " Feiger
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Ginsberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Tobermann

Address, 42 Albemarle St.

Remarks,

8920000465

CITY OF BALTIMORE JAN 1892 REGISTERED

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3691 B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 6th 1892
4. *Place of Birth, (Street and Number)*	1212 N Stricker St.
5. *Full Name of Mother,*	Emma Hughson Eudick
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Chas. J. Hughson
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	New Brunswick Canada
Name of Medical Attendant, or other person who makes this Return.	M. Heaton
Address,	1800 W. Balto St.
Remarks,	

M. H. HEATON, M. D.
1800 W. BALTIMORE ST.

8920000466

Health. The name can be certain as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

Over

36986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Plimack

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	7 January 1892.
4.	*Place of Birth, (Street and Number)*	1006 E. Lombard St.
5.	*Full Name of Mother,*	Jennie (~~Plimack~~) Plimack
6.	*Mother's Maiden Name,*	Silverman
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Louis (~~Plimack~~) Plimack
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	H. Silverman
	Address,	912 Albemarle St
	Remarks,	

CITY OF BALTIMORE 1892

Health. This schedule shall contain a list of the births which shall occur in each house, of any child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

8920000467

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which shall occur in each month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or by the father or mother of the child, within the first and third thy of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 36987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Dec
4. *Place of Birth, (Street and Number)* 103 Hollins St
5. *Full Name of Mother,* Mary East
6. *Mother's Maiden Name,* Mary Talgencourt
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charlie East
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A. Smith midwife

Address, No 506 S. Haigh St

Remarks,

8920000468

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3694 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	First Boss
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January 8th 1892 ✓
4. *Place of Birth, (Street and Number)*	1301 Maryland Ave. ✓
5. *Full Name of Mother,*	Rosa Gordon Haskell
6. *Mother's Maiden Name,*	Rosa Gordon ✓
7. *Mother's Birthplace,*	Baltimore ✓
8. *Full Name of Father,*	S. Triplett Haskell ✓
9. *Father's Occupation,*	Postman ✓
10. *Father's Birthplace,*	Richmond Va. ✓
Name of Medical Attendant, or other person who makes this Return.	H. T. Wilson ✓
Address,	814 Park Ave.
Remarks,	18920000469

Dr visit Jan 2/17

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 36989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 10th 1892
4.	*Place of Birth, (Street and Number)*	#1710 Lemmon st.
5.	*Full Name of Mother,*	Frederika Hildabrand
6.	*Mother's Maiden Name,*	" " Kaufman
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Frank Hildabrand
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Williamsburg
	Name of Medical Attendant, or other person who makes this Return,	Annie L. Fidler
	Address,	#106 S. Monroe St.
	Remarks,	

CITY OF BALTIMORE 1892

8920000470

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color; (if not of the white race)*	
3. *Date of Birth,*	Jan 11th
4. *Place of Birth, (Street and Number)*	420 N Amm st
5. *Full Name of Mother,*	Annie E Pole
6. *Mother's Maiden Name,*	" " Hayp
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles H Pole
9. *Father's Occupation,*	Artis
10. *Father's Birthplace,*	Penn
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	946 N Gay st
Remarks,	

8 9 2 0 0 0 0 4 7 1

Health. This schedule shall contain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	11th Jan 1919
4. *Place of Birth, (Street and Number)*	1 Durham st
5. *Full Name of Mother,*	Alice Piercy
6. *Mother's Maiden Name,*	" Spiese
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Lemuel Piercy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1910 11 Eager st
Remarks,	Name of child: Millard Fillmore Piercy

8 9 2 0 0 0 0 4 7 2

Health. This schedule shall contain a list of the full name of each child of any shall have month, and shall set forth as far as the same can be ascertained the date and been conferred) its sex, color, the full name and occupation of its parents, the date and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or practitioner in charge of the case to report the birth to the Commissioner of Health, in the manner required, and child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts are recoverable. And forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

36997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 11 th
4. *Place of Birth, (Street and Number)*	98 N ~~Hillman~~ st
5. *Full Name of Mother,*	Annie French
6. *Mother's Maiden Name,*	11 Labourg
7. *Mother's Birthplace,*	Balto co
8. *Full Name of Father,*	Edward French
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	

8920000473

Health. This schedule shall contain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered

CITY OF BALTIMORE

FEB 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 11 January 1892
4. Place of Birth, (Street and Number) 421 Forrest St
5. Full Name of Mother, Jetta Wasshafsky
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Poland
8. Full Name of Father, Elias Wasshafsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 1302 E Lexington St

Remarks,

8920000474

CITY BOARD OF HEALTH 1892

Health. This schedule shall contain a list of the births which have occurred in each family, and the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case there be one in attendance, and in case there be no such person in attendance, then by the head of the family, or by the person or parents of such shall occur without the attendance of a physician or practitioner, then by the head of the family, or by the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth as hereinabove required, and child to report its birth to the Commissioner of Health, in the manner and within the time prescribed. The provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11th 1892
4. *Place of Birth, (Street and Number)* #21 N. Arms ave
5. *Full Name of Mother,* Mary M. Leaver Last
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William F. Leaver
9. *Father's Occupation,* Glazier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8920000475

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 36995.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 12th 92
4. *Place of Birth, (Street and Number)*	#213 Hindgear St.
5. *Full Name of Mother,*	Regine Rüber.
6. *Mother's Maiden Name,*	" Seibel.
7. *Mother's Birthplace,*	Hochstadt.
8. *Full Name of Father,*	William Rüber.
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Hofheim
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	

8920000476

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

36496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 12th 1891
4. Place of Birth, (Street and Number)	1114 Chesapeake St
5. Full Name of Mother,	Ellen Simon
6. Mother's Maiden Name,	Trostlow
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	E. J. Thos W. Crimm
9. Father's Occupation,	Physician
10. Father's Birthplace,	U. S.
Name of Medical Attendant, or other Person who makes this Return.	E. J. Williams M.D.
Address,	1114 Chesapeake
Remarks,	

CITY OF BALTIMORE FEB 17 1892

8920000477

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 36997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	13 Jan '92
4.	*Place of Birth, (Street and Number)*	1019 Streeper St.
5.	*Full Name of Mother,*	Georgianna Kolbe
6.	*Mother's Maiden Name,*	" " Jubb
7.	*Mother's Birthplace,*	A.A. County Md.
8.	*Full Name of Father,*	J. H. Kolbe
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	M. P. Liersemann.
	Address,	1225 Hare street.
	Remarks,	

8920000478

Health. This schedule shall contain a list of the births required to be registered under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the office of the Commissioner, with. In case the birth of any child shall occur without the attendance of a physician or practitioner in the 1892 the date and place of birth; and the attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14 1892
4. *Place of Birth, (Street and Number)* Kenwith st Now Number
5. *Full Name of Mother,* Henrietta Weber
6. *Mother's Maiden Name,* Henrietta Denges
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Weber
9. *Father's Occupation,* Bricke Worker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Elizabeth Weber

Address,

Remarks, Carroll PO

8 9 2 0 0 0 0 4 7 9

Health. This schedule shall contain a list of [illegible] the full name of each child (if any shall have been conferred) its sex, color, the full name and [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SAFETY FILM

KODAK ▪ S

RETURN OF A BIRTH. 36999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	15 January 1892
4.	*Place of Birth, (Street and Number)*	818 Low St
5.	*Full Name of Mother,*	Bertha Falisky Comenchick
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Max Falisky Pedlar
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Schurman
	Address,	42 Gilbert & Aisle St
	Remarks,	

8920000004800

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

FEB 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents. Every practitioner in the City of Baltimore who shall be in attendance upon the birth of any child said schedule shall be delivered, duly signed by the practitioner or practitioners in attendance, to the office of the Commissioner of Health, on the third day of each and every month to the Commissioner or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-10-56

37000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 16th - 1892
4. Place of Birth, (Street and Number)	1715 Carlile Pa
5. Full Name of Mother,	Emma Eldrige
6. Mother's Maiden Name,	" Washburn
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Eldrige
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 W Bay st
Remarks,	

1 8 9 2 0 0 0 0 4 8 1

Health. This schedule must be filled out with the utmost care. The full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37001.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	16 Jan
4. *Place of Birth, (Street and Number)*	427 E Second st
5. *Full Name of Mother,*	Susanna Fredenmann
6. *Mother's Maiden Name,*	11 Whland
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Fredenmann
9. *Father's Occupation,*	Ice dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 S Bay st
Remarks,	

8920000482

been completed, as far as the same can be ascertained by the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-17-57

RETURN OF A BIRTH.

37052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose L. Goldstine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 January 1892
4. Place of Birth, (Street and Number) 1113 E Pratt St
5. Full Name of Mother, Esther Goldstine
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Goldstine
9. Father's Occupation, Cigar makers
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 42 Aliceanna St

Remarks,

18920003483

CITY OF BALTIMORE 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 245 S. Exeter St
5. Full Name of Mother, Ifram Abraham
6. Mother's Maiden Name, " Levison
7. Mother's Birthplace, Poland
8. Full Name of Father, Abraham Abraham
9. Father's Occupation, Rabbi
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs R Hilly

Address, 1902 E Lexington

Remarks,

18920000484

Health. This schedule shall contain a list of the [illegible] shall have full name of each child, if any shall have been ascertained; the full name and occupation of its parents, the date and place of birth; and the same as far as the same can be ascertained, in the form of a certificate the birth of any child month, and shall set forth as far as the particulars of which are required by the Commissioner of Health. In case no other person be in been delivered, duly signed by the physician or midwife, or should no other person be in said schedule shall be delivered, within the period above required, and third day of each and every month to the office of the Registrar of the person above required, and shall occur upon the mother, Commissioner of Health, in the manner provided. The provisions of this section shall be sub- attendance without the attendance of a physician or midwife, immediately thereafter, to comply with the child to report its birth to the Registrar of Vital Statistics, as aforesaid, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 6th 1892
4. *Place of Birth, (Street and Number)* 904 N. Gilmor St
5. *Full Name of Mother,* Mary L. Grayson
6. *Mother's Maiden Name,* Kidwell
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* James H. Grayson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Anne Arundel County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Lindner

Address, #106 S. Hanover St.

Remarks,

8920000485

register of such birth, and shall enter the same ... shall contain a list of the births which ... Health. This schedule shall contain the same ... month, and shall set forth as far as ... been conferred) its sex, color, the full name ... said schedule shall be delivered, duly signed ... third day of each and every month to the ... shall occur without the attendance of a ... attendance upon the mother, immediately ... child to report its birth to the Commissioner ... any such person or persons who shall ... jected to the fine of ten (10) dollars for each offense. And be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.37005.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank ... his or her care during the Health. This schedule shall contain a list of the births ... the full name, ... and place of birth; and the month, and shall set forth as far as ... a certificate between the first and been conferred) its sex, color, the full name and occupation ... in the practice of ... Health, or should no other person be in said schedule shall be delivered, duly signed ... the office of the Commissioner of ... ary, of the person or parents of such third day of each and every month to the ... period above required, and shall occur without the attendance of a physician or ... ity of the ... within the ... this section shall be sub- attendance upon the mother, immediately ... child to report its birth to the Commissioner of Health, in the manner ... with the provisions of ... any such person or persons who shall hereafter fail to comply ... other forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered ... BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th, 1892
4. Place of Birth, (Street and Number) 1729 Patterson Park Ave.
5. Full Name of Mother, Cora McGubbin
6. Mother's Maiden Name, Cora Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles McGubbin
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. N. Willis M.D.

Address, 1916 E. Baltimore St.

Remarks,

8 9 2 0 0 0 0 4 8 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished to him by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the circumstances of the case will permit, the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed [illegible] on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Male
3. *Date of Birth,*	18 January 1892
4. *Place of Birth, (Street and Number)*	2 Tinsley Alley
5. *Full Name of Mother,*	Lena Hartz
6. *Mother's Maiden Name,*	Unger
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	~~Peter~~ Max Hartz
9. *Father's Occupation,*	Pedlar
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	C. Schroeder
Address,	42 Allendale St
Remarks,	

8 9 2 U 0 0 0 4 8 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1/2

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	18 January 1892
4.	*Place of Birth, (Street and Number)*	848 E Pratt St
5.	*Full Name of Mother,*	Eva Fleischman
6.	*Mother's Maiden Name,*	Kranzberg
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Harry Fleischman
9.	*Father's Occupation,*	Cigar-maker
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	A. Fleischman
	Address,	42 Albemarle St
	Remarks,	

CITY OF BALTIMORE 1892 FEB 17

18920000488

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...on a blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ... been conferred), its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... shall immediately thereafter fail to report its birth to the Commissioner of Health, in the manner above provided for in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fines and forfeitures are recoverable ... the births which have occurred under his or her care during the ... can be ascertained the full name of each child, (if any shall have ... occupation of its parents, the date and place of birth; and the ... the practitioner in the form of a certificate the birth of any child ... of the Commissioner of Health. In case the father person be in ... practitioner of midwifery, or should no physician or parents of such ... shall become aware thereof, of the person above required, and ... the attendance of a physician or midwife, as the case may require, and ... child to report its birth to the Commissioner of Health, in this section shall be sub- ... any such person or persons who shall hereafter fail to comply with the provisions of ... jected to the fine of ten (10) dollars for each offense, to be recovered as aforesaid. Fines and forfeitures are recoverable

RETURN OF A BIRTH. 37008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 18 4
4. *Place of Birth, (Street and Number)*	127 N Burke
5. *Full Name of Mother,*	Georgeanna Baldin
6. *Mother's Maiden Name,*	N Miller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Baldin
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Eager st
Remarks,	

8920000489

register of the births which have occurred in his district during the month, and shall contain a list of the births which have occurred in his district during the month, and shall contain a list of the births which have occurred in his district during the month, and shall contain a list

RETURN OF A BIRTH. A 37009.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th January 1892
4. *Place of Birth, (Street and Number)*	418 Hanover
5. *Full Name of Mother,*	Rosa Sunwalt
6. *Mother's Maiden Name,*	" Renner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James B. Sunwalt
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. W. Webster Jr. M.D.
Address,	403 Hanover
Remarks,	

1892000000490

register of such births, and shall contain a list of the births which have occurred in each district during the preceding month, and shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the practitioner in the district, if a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or shall no other person be in third day of each and every month to the office of the Commissioner of Health. If there be the birth of any child attendance upon the mother, immediately thereafter it shall be his duty, or the duty of the person or parents of such shall occur without the attendance of a physician or practitioner, the mother, or the person in the room at the time of the birth, shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	Jan 19th 1899
4.	*Place of Birth, (Street and Number)*	176 Hughes st
5.	*Full Name of Mother,*	Harriet Sutton
6.	*Mother's Maiden Name,*	Harriet Corbin
7.	*Mother's Birthplace,*	Essip county va
8.	*Full Name of Father,*	Richard Sutton
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Anarandal co Md
	Name of Medical Attendant, or other person who makes this Return,	Charlottie Williams
	Address,	910 Leaden - Hallst
	Remarks,	five dollars

8920000491

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the person of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19 1892
4. Place of Birth, (Street and Number) west Hoffson St. Carroll B.
5. Full Name of Mother, Mary Hagmann
6. Mother's Maiden Name, Mary Schaffer
7. Mother's Birthplace, Cakland, M.D.
8. Full Name of Father, Andrew Hagmann
9. Father's Occupation, Gartner.
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carroll D. C.

Remarks,

8 9 2 0 0 0 0 4 9 2

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the person in charge of the case during the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37012.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	19th Jan
4. Place of Birth, (Street and Number)	926 N Caroline st
5. Full Name of Mother,	Minna A Wolf
6. Mother's Maiden Name,	n Brandt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Julius C Wolf
9. Father's Occupation,	Music Teacher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 E Gay st
Remarks,	

8920000493

Health. This schedule shall contain a list of the names of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jeanette Cohen

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	19 January 1892
4.	Place of Birth, (Street and Number)	731 24 Second St
5.	Full Name of Mother,	Minnie Cohen
6.	Mother's Maiden Name,	Hartz
7.	Mother's Birthplace,	Prussia
8.	Full Name of Father,	Aron Cohen
9.	Father's Occupation,	Clerk
10.	Father's Birthplace,	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Scherman
	Address,	42 Albemarle
	Remarks,	CITIZEN NAME ADDED. 5-29-53 L.M.M.

8 9 2 U 0 0 0 0 4 9 4

Health. This schedule shall contain a list of the birth[illegible] occurred during the month, and shall set forth as far as the same can be [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occupation [illegible] and the place of birth; and the said schedule shall be delivered, duly signed by the [illegible] the date between the first and third day of each and every month to the office of the [illegible] the birth of any child shall occur without the attendance of a physician or [illegible] the duty of the person or persons required, and attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BALTIMORE CITY

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colard
3.	*Date of Birth,*	January 20
4.	*Place of Birth, (Street and Number)*	1600 Vincent st
5.	*Full Name of Mother,*	Mary Hall
6.	*Mother's Maiden Name,*	Mary Randall
7.	*Mother's Birthplace,*	Annarundel County Md
8.	*Full Name of Father,*	Charles Hall.
9.	*Father's Occupation,*	Driving
10.	*Father's Birthplace,*	Calbert County
	Name of Medical Attendant, or other person who makes this Return,	Mrs Sarah Rawlings
	Address,	1610 Vincent st
	Remarks,	

8920000495

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37015.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 20th
4. *Place of Birth, (Street and Number)*	1056 Leash St Waverly
5. *Full Name of Mother,*	Rebecca Fallon
6. *Mother's Maiden Name,*	Rebecca Dimmo
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Fallon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C & Wise
Address,	Waverly
Remarks,	

18920000496

month, and shall set forth as far as the same can be ascertained the several particulars required to be recorded concerning each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, to the Registrar of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case there is no such person in shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Hopp 11

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 20 January 1892
5. Place of Birth, (Street and Number) W Cross st 19
6. Full Name of Mother, Lottie Hopp
7. Mother's Maiden Name, Lottie (Wolcott) Walper
8. Mother's Birthplace, Balto md
9. Full Name of Father, John Hopp.
10. Father's Birthplace, ice Dealer Balto md

Name of Medical Attendant, or other person who makes this Return, C A Tilly

Address, 1828 Light St

Remarks, Dairy Well

6 9 2 0 0 0 0 4 9 7

FEB 2 1892 CITY REGISTRAR'S DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines might be recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 January
4. Place of Birth, (Street and Number) 707 Stricker St
5. Full Name of Mother, Katy Eberhardt
6. Mother's Maiden Name, Katy Karl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Eberhardt
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm P Lieseman

Address, 125 Hare street

Remarks,

8920000498

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37018.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, midwife, or other person who shall neglect or refuse to make to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE FEB 5 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether male or female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 21st, 1892.
4. Place of Birth (Street and Number)	1019 Clifton Place.
5. Full Name of Mother	Roselle Sturgeon
6. Mother's Maiden Name	Mooney.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Lindsey Sturgeon
9. Father's Occupation	Junior at B. City College
10. Father's Birthplace	Baltimore City
Name of ~~Medical~~ Attendant, or other Person who makes this Return.	Catherine E. Mooney.
Address	1019 Clifton Place
Remarks	

1892 0000499

RETURN OF A BIRTH.

37019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21st 1892
4. Place of Birth, (Street and Number) Cor. Duke Lane & Madison St
5. Full Name of Mother, Mary Donahue
6. Mother's Maiden Name, " " Trainer
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick K. Donahue
9. Father's Occupation. Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1892000005000

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22 1900
4. *Place of Birth, (Street and Number)* Baltimore Co Hospital
5. *Full Name of Mother,* Anna A. Bumgardner
6. *Mother's Maiden Name,* Anna A. Brown
7. *Mother's Birthplace,* St Marys Co. Md
8. *Full Name of Father,* Thos J. Bumgardner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Shenandoah Co Va

Name of Medical Attendant, or other person who makes this Return. English Wales

Address, Carroll Co

Remarks,

8 9 2 0 0 0 0 5 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. And shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27 92
4. *Place of Birth, (Street and Number)*	438 E. First St
5. *Full Name of Mother,*	Carrie Veditz
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Preston St
Remarks,	Illegitimate Child.

8920000502

CITY OF BALTIMORE 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered

GIVEN NAME ADDED 10-21-54

A 37077

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laurence Frederick Ruby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd of January 1892
4. Place of Birth, (Street and Number) 1026 Remington Ave.
5. Full Name of Mother, Gertrude Ruby
6. Mother's Maiden Name, Mitchell
7. Mother's Birthplace, Harford Md.
8. Full Name of Father, Samuel Ruby
9. Father's Occupation, Wheelright
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Mathis

Address, 2804 Cedar Ave.

Remarks,

1892 0000503

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or midwife, to the Commissioner of Health, at the office of the Commissioner of Health, or whoever no other person be in third day of each and every month to the office of the Commissioner of Health, or whoever no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-12-56

RETURN OF A BIRTH

37082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, John Ridgely Hopkins
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race) white
5. Date of Birth, 23 January 1892
6. Place of Birth, (Street and Number) 1515 E Fayette St
7. Full Name of Mother, Emma Hopkins
8. Mother's Maiden Name, " Elgut
9. Mother's Birthplace, Balto.
10. Full Name of Father, Gustavus Hopkins
11. Father's Occupation, Can maker
12. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Illig

Address, 802 Eastington

Remarks,

1 8 9 2 0 0 0 0 5 0 4

FEB 4 1892 HEALTH DEPT. BALTIMORE CITY

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, before any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject

RETURN OF A BIRTH.

3202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 23rd. 99
4.	*Place of Birth, (Street and Number)*	Millhill.
5.	*Full Name of Mother,*	Francis Ginger.
6.	*Mother's Maiden Name,*	" " Rotenberger
7.	*Mother's Birthplace,*	Diesen
8.	*Full Name of Father,*	John Ginger
9.	*Father's Occupation,*	Dairyman
10.	*Father's Birthplace,*	Rotenberg
	Name of Medical Attendant, or other person who makes this Return,	Annie Zirkel
	Address,	X 106 S. Bond St.
	Remarks,	

8920000505

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the ~~physician or midwife~~ in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37025.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24th
4. Place of Birth, (Street and Number) 948 Dulaney St
5. Full Name of Mother, Annie Maria Foster
6. Mother's Maiden Name, Annie Maria Youngman
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. Henry Foster
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. L. Coleyhill

Address, 1049 N. Broadway

Remarks,

8920000506

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, residence and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, or the form of certificate between the first and shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

37076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Janry 24th 1894
4. Place of Birth, (Street and Number) 1816 McHenry St.
5. Full Name of Mother, Alice Durham
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, Md
8. Full Name of Father, Walter Durham
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. M. H. Carter M.D.

Address, 1800 W. Balto St

Remarks,

1 8 9 2 0 0 0 0 5 0 7

Health. This schedule shall contain a list of the births which [illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of each parent, place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall be [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-20-58

RETURN OF A BIRTH.

37077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Wallace

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, January 25 1911
4. Place of Birth, (Street and Number) 1911 W Fallcourt Ave
5. Full Name of Mother, Julia Wallace
6. Mother's Maiden Name, Julia Ennis
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Thomas H. Wallace
9. Father's Occupation, Hard Lasting
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Roland

Address, 1610 Vincent Alley

Remarks,

8920000508

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE FEB 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 Dec 1892
4. Place of Birth, (Street and Number) Fremont St
5. Full Name of Mother, Martha Gärtner
6. Mother's Maiden Name, Engel
7. Mother's Birthplace, Balt
8. Full Name of Father, John Gärtner
9. Father's Occupation, Hatter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Wm. L. Worden

Address, 426 Fremont Ave

Remarks,

+ 8 9 2 0 0 0 0 5 0 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37029.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25 92
4. *Place of Birth, (Street and Number)*	529 Fremont St
5. *Full Name of Mother,*	Katharine Barlage
6. *Mother's Maiden Name,*	Katharine Fryer
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	C. Fryer
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	736 E. Fayette St.
Remarks,	

8920000510

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 25th 1892
4. Place of Birth, (Street and Number)	Garrison Ave W. Arlington
5. Full Name of Mother,	Edith F. Cummings
6. Mother's Maiden Name,	" Brittain
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Jas M. Cummings
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	J. M Cummings
Address,	Garrison Ave. W. Arlington
Remarks,	

8920000511

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, immediately thereafter, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BAL

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	January 26th. 93
4.	*Place of Birth, (Street and Number)*	#128 Monroe St.
5.	*Full Name of Mother,*	Mary Fellon
6.	*Mother's Maiden Name,*	" J. Lynch
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Edward Fellon
9.	*Father's Occupation,*	Stone Mason
10.	*Father's Birthplace,*	Ireland.
	Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
	Address,	#116 S. Monroe St.
	Remarks,	

8920000512

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the person in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE FEB 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 26 th 1892
4.	*Place of Birth, (Street and Number)*	E Charles St 1602
5.	*Full Name of Mother,*	Ellia Strider
6.	*Mother's Maiden Name,*	Ellia Hartman
7.	*Mother's Birthplace,*	Carroll Co md
8.	*Full Name of Father,*	William Strider
9.	*Father's Occupation,*	Engineer Horse R
10.	*Father's Birthplace,*	Carroll Co md
	Name of Medical Attendant, or other person who makes this Return,	E A Tully
	Address,	1828 Light St
	Remarks,	Doing Well

8920000513

month, and shall set forth as far as the same can be ascertained [illegible] child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwife or [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, [illegible] other means for [illegible] are recoverable.

468 1892

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 26 th 1892
4.	*Place of Birth, (Street and Number)*	1210 River Side ave
5.	*Full Name of Mother,*	ida Batcheler
6.	*Mother's Maiden Name,*	idd Hubbard
7.	*Mother's Birthplace,*	Cambridge md
8.	*Full Name of Father,*	Charles C Batcheler
9.	*Father's Occupation,*	Ship Carpinter
10.	*Father's Birthplace,*	Balto co md
	Name of Medical Attendant, or other person who makes this Return,	C Tully
	Address,	18 8 Light St
	Remarks,	Dairy Mill

8920000514

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred on it, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practicing physician or person in attendance upon the mother, immediately thereafter to the office of the Commissioner of Health, in the manner required by the Commissioner of Health, within the time above required, and shall occur without the attendance of a physician or person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 27th
4. *Place of Birth, (Street and Number)*	1509 N Durham st
5. *Full Name of Mother,*	Ida M Smith
6. *Mother's Maiden Name,*	" Bell
7. *Mother's Birthplace,*	New Orleans
8. *Full Name of Father,*	John R Smith
9. *Father's Occupation,*	Saw maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Browne
Address,	940 N Gay st
Remarks,	

1892 0000515

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as the case may be within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

CITY OF BALTIMORE FEB 15 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Grace Thompson Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27th Jr.
4. Place of Birth, (Street and Number) 233 S. Gilmor St.
5. Full Name of Mother, Hannah L. Davis
6. Mother's Maiden Name, Hannah L. Thompson
7. Mother's Birthplace, Howard Co. Md
8. Full Name of Father, John Y. Davis
9. Father's Occupation, Laborer
10. Father's Birthplace, Howard C. Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohlet, M.D.

Address, 1203 W. Lafayette St

Remarks,

6920000516

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or nurse, the [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17 January 07
4. Place of Birth, (Street and Number)	2614 Dillon
5. Full Name of Mother,	Mary Ellen
6. Mother's Maiden Name,	Clark
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Joseph J. Fisher
9. Father's Occupation,	Mechanic
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. J. Sullivan M.D.
Address,	1107 Lombard St
Remarks,	

list of the births which have occurred under his or her care [illegible] the month, [illegible] set forth as far as the same can be ascertained the full name of each child (if any shall have been born), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered [illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

8920000517

RETURN OF A BIRTH. A. 37036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Jan
4. *Place of Birth, (Street and Number)* 1509 Allisanna st
5. *Full Name of Mother,* Annie Cascio
6. *Mother's Maiden Name,* Annie Bassett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emmanuele Cascio
9. *Father's Occupation,* City Labore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr Schumann

Address, 409 South Bond street

Remarks,

8 9 2 0 0 0 0 5 1 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of the father, the date and place of birth, and the full name of the mother, and such other facts as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or person in charge, within the first month to the office of the Commissioner of Health, and every month to the office of the Commissioner a certificate between the first and third day of each and every month in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

37037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Light Brown
3. *Date of Birth,* January 28th 1892
4. *Place of Birth, (Street and Number)* 607 N Chapel st
5. *Full Name of Mother,* Louenda Marsh
6. *Mother's Maiden Name,* Louenda Oliver
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* John Wesley Marsh
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Anne Rundle

Name of Medical Attendant, or other person who makes this Return. Annie Forest

Address, 112 Durham st

Remarks,

8920000519

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the proper person in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan. 29 92.
4. *Place of Birth, (Street and Number)*	809 China St.
5. *Full Name of Mother,*	Emma Sample
6. *Mother's Maiden Name,*	Emma Connista
7. *Mother's Birthplace,*	Balto., Md
8. *Full Name of Father,*	Isaac Sample
9. *Father's Occupation,*	Bucher
10. *Father's Birthplace,*	Balto., Md
Name of Medical Attendant, or other person who makes this Return.	Abrilla Brooks
Address,	1132 Warner St.
Remarks,	Doing well.

1892000052 0

month, and shall set forth as far as the same can be ascertained (the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, or informer in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY FEB 4 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 29 January
5. *Place of Birth, (Street and Number)* 1302 E Lexington St
6. *Full Name of Mother,* Annie Slater
7. *Mother's Maiden Name,* " Deitz
8. *Mother's Birthplace,* Balto. Md
9. *Full Name of Father,* Thomas W. Slater
10. *Father's Occupation,* Sport
11. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Mrs R Ullrig

Address, 302 E Lexington St

Remarks,

18920000521

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37040.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 29th
4. *Place of Birth, (Street and Number)*	1628 E Monument st
5. *Full Name of Mother,*	Mary Moyron Riell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Mayron
9. *Father's Occupation,*	Paper carrier
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	1940 E Gay st
Remarks,	

1892000005 22

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	29th Jan
4. *Place of Birth, (Street and Number)*	1706 N Broadway
5. *Full Name of Mother,*	Annie L Mutt
6. *Mother's Maiden Name,*	" Brooks
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Albert L Mutt
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Broome
Address,	1706 N Bdwy
Remarks,	

8920000523

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Lewis Jacob.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 January 1892
4. Place of Birth, (Street and Number) 1125 Low St.
5. Full Name of Mother, Dora Jacob.
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Jacob
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, W. Sherman

Address, 42 Aisquith Ave

Remarks, GIVEN NAME ADDED 3-16-54 L.M.

CITY OF BALTIMORE 1892 DEC 14

8 9 2 0 0 0 9 0 5 2 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every midwife, physician or other person who shall attend upon any birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm aforesaid between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, prompt no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29 June 1892
4. Place of Birth, (Street and Number) 877 Fremont ave
5. Full Name of Mother, Ella Burk
6. Mother's Maiden Name, Tully
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Edward F Burk
9. Father's Occupation, Restaurn
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mrs Woodam

Address, 937 Fremont ave

Remarks,

1892000525

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	29 Januar.
4. Place of Birth, (Street and Number)	819. Roh street
5. Full Name of Mother,	Elisabett Tabel
6. Mother's Maiden Name,	Lister
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Georg Tabel.
9. Father's Occupation,	Labrer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm P Leersemann
Address,	225 Hore street
Remarks,	

8 9 2 0 0 0 0 5 2 6

FEB 4 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 3704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 29/92
4. *Place of Birth, (Street and Number)*	1137 S. Charles st.
5. *Full Name of Mother,*	Rosa Kimmel
6. *Mother's Maiden Name,*	" Scully
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm Kimmel
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	E. Dorsey Ellis M.D.
Address,	915 Light st
Remarks,	

1892

1892 Feb 5

1 8 9 2 0 0 0 0 5 2 7

Health. This schedule shall contain a list of the births which occurred during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner provided by law. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3704

o the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Theodora~~ Solenda Smith

hild of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First

(*state whether male or female*) Female

or Color, (*if not of the white race*) White

of Birth, January 29

of Birth, (*Street and Number*) Baltimore · 1215 W. Pratt st

Name of Mother, Maud. Annie Smith

her's Maiden Name, Maud Annie Pedrick

her's Birthplace, Baltimore

Name of Father, George Smith

her's Occupation, Dash Maker

her's Birthplace, Baltimore

e of Medical Attendant, or other person who makes this Return. Mrs. Ruth A Colbert

ress, No. 1206 West pratt st

arks,

8 9 2 0 0 0 0 5 2 8

ERS AND STATIONERS.

RETURN OF A BIRTH. 3704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 29th 1892
4.	*Place of Birth, (Street and Number)*	420 Barre St.
5.	*Full Name of Mother,*	Sophie M. E. Norton
6.	*Mother's Maiden Name,*	Sophie M. Englebach
7.	*Mother's Birthplace,*	Balt. Co.
8.	*Full Name of Father,*	Fat. A. Norton
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Balt City
	Name of Medical Attendant, or other person who makes this Return,	Thos P. McCormick MD
	Address,	1421 Eutaw Place
	Remarks,	

1892 0000529

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37048.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~1830~~ Jan 29 1892
4. Place of Birth (Street and Number)	1630 E. Madison st
5. Full Name of Mother	Sarah Jane Ernst
6. Mother's Maiden Name	" Baily
7. Mother's Birthplace	Balt.
8. Full Name of Father	Joseph H. Ernst
9. Father's Occupation	Painter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Jos Gross MD
Address	1430 Aisquith
Remarks	

FEB 3 1892 BALTIMORE

18920000530

GIVEN NAME ADDED. 9-11-52

RETURN OF A BIRTH 37049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Katherine Dorcaska 2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	Jan 29th 1897
4. Place of Birth, (Street and Number)	211 W Camden st,
5. Full Name of Mother,	Elizabeth Dorcaska
6. Mother's Maiden Name,	Elizabeth Sadowska
7. Mother's Birthplace,	Lithuania,
8. Full Name of Father,	Wm Dorcaska
9. Father's Occupation,	Tailor,
10. Father's Birthplace,	Lithuania
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Leigh MD
Address,	720 N. Broadway
Remarks,	

8 9 2 0 0 0 8 5 3 1

under whose charge or Superintendence a birth shall happen, [illegible] Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of its ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name of the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Office of the Commissioner or should no other person certificate of any child shall occur without the attendance of a Physician or the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37050.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, January the 29. 1892
4. Place of Birth, (Street and Number) 1113 Leonard alley
5. Full Name of Mother, Ridy Harris
6. Mother's Maiden Name, ~~Calvert~~ [illegible]
7. Mother's Birthplace, Calvert Co.
8. Full Name of Father, John Carroll
9. Father's Occupation, Public works
10. Father's Birthplace, St Mary's Co.

Name of Medical Attendant, or other person who makes this Return,

Address, Rhd. Scott.

Remarks,

8 9 2 0 0 0 0 5 3 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A 37

1. Sex, Boy No. of Child of M.
2. Race or Color, White
3. Date, Jan 29 1892
4. Place of Birth, 417 S Eden
5. Full Name of Mother, Mary Weis
6. Mother's Maiden Name, Stumpf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Weis
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

M & D Davenport 225 S
all down Well

Ex-Use this page

1892000053

RETURN OF A BIRTH. 37057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17 1892
4. Place of Birth, (Street and Number) Lancaster st 25 17
5. Full Name of Mother, Annie Kupers
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Frank Kupers
9. Father's Occupation, Labor
10. Father's Birthplace, Bohaimenare

Name of Medical Attendant, or other person who makes this Return, Mary Kupers

Address, Darlington 202

Remarks,

1892000534

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Castle 419
4. *Place of Birth, (Street and Number)* January 29 1878
5. *Full Name of Mother,* Rosi Musil
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Charles Musil
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Baptis

Address, Washington <05

Remarks,

8920000535

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

e on a blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on a
the births which have occurred under his or her care during the
Health. This schedule shall contain a list of the birt
be ascertained the full name of each child, if any shall have
month, and shall set forth as far as the same can be
been conferred) its sex, color, the full name and occup
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother. Commissioner of Health
child to report its birth to the
any such person or persons who shall hereafter fail t
jected to the fine of ten (10) dollars for each offense, to

RETURN OF A BIRTH. A 37052.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29, 1892.
4. Place of Birth, (Street and Number) 2712 Canton Ave.
5. Full Name of Mother, Rosa Glosser
6. Mother's Maiden Name, Rosa Kempt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Glosser.
9. Father's Occupation, Labor.
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000536

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37055.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, Jan 29 1912
4. Place of Birth, (Street and Number) 405 Edison St Balto Md
5. Full Name of Mother, Imogene Hatter
6. Mother's Maiden Name, Imogene Hauke
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John W Hatter
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Louis Mark Kraning

Address, 414 S. Stricker St Baltimore City Md

Remarks, Mother and Child are doing well.

8920000537

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th Jan 1892
4. Place of Birth, (Street and Number) Canon Str. 518
5. Full Name of Mother, Ida Marine
6. Mother's Maiden Name, " Klein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Klein
9. Father's Occupation, Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington Ave

Remarks,

8 9 2 0 0 0 0 5 3 8

Wm J C. Dulany Co., City Printers and Stationers.

...birth; and the ...first and ...child ...person be in ...required, and ...section shall be sub... ...offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 37057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Junary 29 1892

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, friday
4. Place of Birth, (Street and Number) 906 Jordon alley
5. Full Name of Mother, Amela Smith
6. Mother's Maiden Name, ~~Battimar city~~
7. Mother's Birthplace, Battimar city
8. Full Name of Father, James Smith
9. Father's Occupation, Cane chairs
10. Father's Birthplace, Battimare city

Name of Medical Attendant, or other person who makes this Return. Mrs Garnish 218 camel alley

Address,

Remarks,

1 8 9 2 0 0 0 0 5 3 9

This schedule shall contain a list of the Births which shall have occurred in each family during the month next preceding the date of the return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, and if not named, the fact to be stated; and the month, and shall set forth the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, duly signed by the practitioner in attendance, if any, and if not, then by the parent or parents of such child, or by the householder in the house where such child was born, or by the person having charge of such child, or by the person having charge of such child, or by the person having charge of such child

RETURN OF A BIRTH. 37058.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 30/92
4. *Place of Birth, (Street and Number)* 622. W. Lombard st
5. *Full Name of Mother,* Ludwig Fahrmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Horace A Hackney

Address,

Remarks, 622 W. Lombard

8920000540

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 30 1896
4. *Place of Birth, (Street and Number)* Wolf st 720
5. *Full Name of Mother,* Annie Rivec
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Rivec
9. *Father's Occupation,* Bohemian
10. *Father's Birthplace,* Tabor

Name of Medical Attendant, or other person who makes this Return, Mary Wolfe

Address, Washington Co

Remarks,

8920000541

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37062.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th Jan 1892
4. Place of Birth, (Street and Number) S. Register St. 227
5. Full Name of Mother, Kathe Meyers
6. Mother's Maiden Name, Menger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Meyers
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 235 S. Washington St

Remarks, 8 9 2 0 0 0 0 5 4 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-10-56

RETURN OF A BIRTH

37064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Charles M. Davis 4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 31 1892
4. Place of Birth, (Street and Number)	19 N. Amity St
5. Full Name of Mother,	Leah Davis
6. Mother's Maiden Name.	Spielman
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Morris Davis
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return.	E. Ramsey Lee
Address,	829 N. Fulton Ave
Remarks,	

8920000543

and shall enter the same on a blank schedule to be furnished to [illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, (since the last return) to the mother in the form of a list of the births which have occurred under his or her care during [illegible] by the practitioner in the form of a certificate between the first and third day of each month [illegible] Commissioner of Health. In case the parents, the date and place of birth, and the said schedule shall be delivered, duly [illegible] midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or [illegible] the person or parents of such child, to be in attendance upon the mother, immediately thereafter and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the time [illegible] shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, [illegible] for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

3062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th 1892.
4. Place of Birth, (Street and Number) 1501 E. Patterson Pk Ave.
5. Full Name of Mother, ~~Bertold~~ Maria
6. Mother's Maiden Name, Maria Bertold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bertold
9. Father's Occupation, Laborer Watchman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs H Trunk M.D.
- Address, 2161 Patterson Pk Ave
- Remarks,

1892 1 544

1892 1 544

8920000544

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the midwife who shall have attended upon any woman in labor, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

37063.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 30th 1892
4. *Place of Birth, (Street and Number)*	#108 Addison St.
5. *Full Name of Mother,*	Sarah Mulvihy.
6. *Mother's Maiden Name,*	" Thomas.
7. *Mother's Birthplace,*	Parkesburg Va.
8. *Full Name of Father,*	James Mulvihy.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#106 S. Wolfe St.
Remarks,	

8920000545

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 30 - 1892
4.	*Place of Birth, (Street and Number)*	45 E Monument St
5.	*Full Name of Mother,*	Louisa Pfeffer
6.	*Mother's Maiden Name,*	Louisa Brinkmann
7.	*Mother's Birthplace,*	Brooklyn N Y Co
8.	*Full Name of Father,*	Charles Wellington Pfeffer
9.	*Father's Occupation,*	Doctor
10.	*Father's Birthplace,*	Chico
	Name of Medical Attendant, or other person who makes this Return,	E A Tully,
	Address,	1828 Light St
	Remarks,	Doing Well

8920000546

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37065.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 30 th
4. Place of Birth, (Street and Number) 1116 Division St Balto Md
5. Full Name of Mother, Katie Nelson Katie Roberts
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot County Md
8. Full Name of Father, Louis R Nelson
9. Father's Occupation, Porter
10. Father's Birthplace, Smithfield Virginia

Name of Medical Attendant, or other person who makes this Return. H Coates

Address, 509 Preston St

Remarks,

8920000547

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This act set forth as far as the same can be ascertained the full name of each child of any such [illegible] month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 37066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30th 1892
4. *Place of Birth, (Street and Number)* 208 N. Schroeder St - Balto Md
5. *Full Name of Mother,* Kate Behringer
6. *Mother's Maiden Name,* " " Lyndon
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Philip Behringer
9. *Father's Occupation,* Laundry Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Chas. Minnie Hof

Address,

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

18920000548

RETURN OF A BIRTH. 39067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 30/92
4. Place of Birth, (Street and Number) 622 S Fondwood
5. Full Name of Mother, Josie F Brown
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return, Dr Harry W Stocking

Address, 622 W Fondwood

Remarks,

8920000549

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Twins.

1. Sex, (state whether male or female) Males.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31, 1892.
4. Place of Birth, (Street and Number) 502 Ryer St.
5. Full Name of Mother, Johanna Lightner
6. Mother's Maiden Name, Johanna Miller.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Lightner
9. Father's Occupation, Saler
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1892 0 0 0 5 5 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS

The register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3/7067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31st Jan. 1892
4. Place of Birth, (Street and Number) S. Madeira Alley 409
5. Full Name of Mother, Anna Vogelsang
6. Mother's Maiden Name, " Hesselbach
7. Mother's Birthplace, Balto
8. Full Name of Father, Andrew Hesselbach
9. Father's Occupation, Treiver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 233 S. Washington Ave

Remarks,

6 9 2 0 0 0 0 5 5 1

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st Jan. 1892
4. *Place of Birth, (Street and Number)*	Orleans St. 2003
5. *Full Name of Mother,*	Maggie Wohlgemuth
6. *Mother's Maiden Name,*	Gerhard
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Christian Wohlgemuth
9. *Father's Occupation,*	Saloonkeeper
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	235 E. Washington St
Remarks,	

8 9 2 0 0 0 0 5 5 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday July 31st 92. 1150 A.M.
4. *Place of Birth, (Street and Number)* 722 N Central Ave
5. *Full Name of Mother,* Mary R. Hauer
6. *Mother's Maiden Name,* Mary R. Christian
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. Harry Hauer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elsworth Dow

Address, 116. W Mulberry St

Remarks,

8920000553

Health. This schedule shall contain a list of the births which have occurred within the city during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 31/92 - 3 a.m

4. Place of Birth, (Street and Number) No 16 N. Mount st

5. Full Name of Mother, Lilly Katzenberger

6. Mother's Maiden Name, Lilly Palmers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Katzenberger

9. Father's Occupation, Clerk.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A. Hamilton M.D

Address, 1136 W Lafayette

Remarks,

8920000554

The Physician or other person in attendance upon each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, or should the other person in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3707 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 31 1892
4. Place of Birth, (Street and Number) 257 S. Durham St.
5. Full Name of Mother, Elisabeth Roach
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Roach
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbot County Md

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 E Fall St.

Remarks,

8920000555

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 31 1892
4. Place of Birth, (Street and Number) 1920 Gough St
5. Full Name of Mother, Caroline Katschiedler
6. Mother's Maiden Name, Bek
7. Mother's Birthplace, Germany
8. Full Name of Father, Daniel Katschiedler
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Biddle St

Remarks,

18920000556

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child Mail
1. *Sex, (state whether male or female)*	Colored-nice
2. *Race or Color, (if not of the white race)*	B
3. *Date of Birth,*	Druid Hill Ave & Hoe
4. *Place of Birth, (Street and Number)*	Julia Carey
5. *Full Name of Mother,*	Julia Jules
6. *Mother's Maiden Name,*	Saint Marys Md
7. *Mother's Birthplace,*	William Carter
8. *Full Name of Father,*	Waiter
9. *Father's Occupation,*	Charles Co Md.
10. *Father's Birthplace,*	Wesley Tatnell
Name of Medical Attendant, or other person who makes this Return.	909 Preston St
Address,	
Remarks,	

8920000557

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan 31 1892
4.	*Place of Birth, (Street and Number)*	911 Leadenhall st.
5.	*Full Name of Mother,*	Clara Schneider
6.	*Mother's Maiden Name,*	Schultze
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Joseph Schneider
9.	*Father's Occupation,*	Cabinet make
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	J. Schwasser midwife
	Address,	1032 Hanover st.
	Remarks,	

1892000558

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The child must be registered as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 1-16-57

RETURN OF A BIRTH. 37077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eda Louise ~~Shawker~~ 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31st 1892
4. Place of Birth, (Street and Number) 1411 Columbia Ave.
5. Full Name of Mother, Lizzie M. Shawker
6. Mother's Maiden Name, Benseler
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Shawker
9. Father's Occupation, Carter
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, H. W. Hyener M.D.

Address, 723 N. Lombard St.

Remarks, Natural Labor

8920000559

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the given conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive within the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the number (in case of plural births) to which each child may be entitled. Every such return shall be made in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the midwife, to the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 31 1892
4. *Place of Birth, (Street and Number)*	Forest Dr. No 902
5. *Full Name of Mother,*	Mary Leslie Reard
6. *Mother's Maiden Name,*	Mary Scales
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Reard
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wooden
Address,	No 926 Fremont ave
Remarks,	

8920000560

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nationality, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE FEB 4 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	4th day Jan.
4. *Place of Birth (Street and Number)*	No 2 S. Graham St.
5. *Full Name of Mother*	Mrs. Barbara Miller
6. *Mother's Maiden Name*	Barbara Michel
7. *Mother's Birthplace*	Bavaria Germany
8. *Full Name of Father*	Philip Miller
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mrs. Miller No. 206 S. Madison St.

8 9 2 0 0 0 0 5 6 1

RETURN OF A BIRTH. 37080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 January 1894.
4. Place of Birth, (Street and Number) 55 Hare street.
5. Full Name of Mother, Anna Grosch.
6. Mother's Maiden Name, Johns.
7. Mother's Birthplace, Esterich.
8. Full Name of Father, Stepan Grosch.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Esterich.

Name of Medical Attendant, or other person who makes this Return. Mrs. F. Liersemann.

Address, 1225 Hare street.

Remarks,

8920000562

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health within the first and third day of each and every month to

RETURN OF A BIRTH. A 37087.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 31st 1892
4. *Place of Birth, (Street and Number)* 1456 Parish alley
5. *Full Name of Mother,* Pete Young
6. *Mother's Maiden Name,* " Ennis
7. *Mother's Birthplace,* Anne Arundle Co
8. *Full Name of Father,* William Young
9. *Father's Occupation,* Colored
10. *Father's Birthplace,* Calvert Co

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610. Vincent st

Remarks,

8920000563

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant or person making the return, to the Commissioner on the third day of each and every month to the office of the Commissioner. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3708V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, Jan the 31st 1891
4. Place of Birth, (Street and Number) Orchard st 578
5. Full Name of Mother, Louisa Lindsey
6. Mother's Maiden Name, Louisa Bradford
7. Mother's Birthplace, West Virginia
8. Full Name of Father, Noah Lindsey
9. Father's Occupation, a Waiter
10. Father's Birthplace, saint marys Co Md

Name of Medical Attendant, or other person who makes this Return. Lydia somerville

Address, 616 Clinton ave

Remarks,

8 9 2 V 0 0 0 5 6 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parent, the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person above required, and third day of each and every month of the period above required, and child to report its birth to the Commissioner of Health, in manner and within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

37083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Light brown skin
3. *Date of Birth,*	31 of jan 1891
4. *Place of Birth, (Street and Number)*	Shields aly No 1126
5. *Full Name of Mother,*	Florence Cork
6. *Mother's Maiden Name,*	Florence Smith
7. *Mother's Birthplace,*	City of Baltimore
8. *Full Name of Father,*	George Cork
9. *Father's Occupation,*	a helper in a store
10. *Father's Birthplace,*	City of Baltimore
Name of Medical Attendant, or other person who makes this Return.	Louis Somerville
Address,	616 Eli[illegible] ave
Remarks,	

8920000565

Section. This record must be made as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 3 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 31
4. Place of Birth, (Street and Number) 1337 Ward St Balto City
5. Full Name of Mother, Georganna Mahoney
6. Mother's Maiden Name, Georganna Riley
7. Mother's Birthplace, Arundel County
8. Full Name of Father, John E Mahoney
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Lawrence Mills

Address, 1449 Ward St

Remarks, She Coming on very Well

8 9 2 0 0 0 0 5 6 6

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37085.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2 1892
4. *Place of Birth, (Street and Number)* 2 of Eutaw Ave
5. *Full Name of Mother,* C Louise
6. *Mother's Maiden Name,* C Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abel Agnew
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. E. A. Dr.

Address, 1245 E. Fayette St. Gilmor Central Av.

Remarks, Col Nat

8 9 2 0 0 0 0 5 6 7

register of such birth, and shall contain a list of the births which have occurred in the family of each child, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the Health, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of the parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of the parents, the date and place of birth; and the been conferred) its sex, color, the date and place of birth; and the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practitioner, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 2. 99.

4. Place of Birth, (Street and Number) 540 Aisquith Str

5. Full Name of Mother, Annie Sandler

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Jacob Sandler

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

18920000568

Wm J. C. Dulany Co., City Printers and Stationers.

...child, if any shall have ... and place of birth; and the ... between the first and ... form of a certificate ... birth of any child ... In case the ... should no other person be in ... of midwifery, or should ... parents of such ... become the duty of the ... period above required, and ... and within the period ... with the provisions of this section shall be sub- ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1 1897
4. *Place of Birth, (Street and Number)* 1 Central Ave
5. *Full Name of Mother,* A. Neal
6. *Mother's Maiden Name,* A. Tilden
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Neal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. C. A. Bell

Address, 1215 E Monument St or 1 Central Ave

Remarks, Old Doll

18920000569

This schedule shall contain a list of the births which [illegible] return under the provisions of this section shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1871
4. *Place of Birth, (Street and Number)* 912 Carrie ave
5. *Full Name of Mother,* Annie Greene
6. *Mother's Maiden Name,* Schoen
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Greene
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. A. P. Thompson

Address, 924 Pinney st Carroll

Remarks,

1 8 9 2 0 0 0 0 5 7 0

month, and shall set forth as far as the same can be ascertained the full name of each child born alive after the passage of this act within the limits of any city, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5th '92
4. Place of Birth, (Street and Number) 606 W. Lexington St.
5. Full Name of Mother, Rosa Lichtenberg
6. Mother's Maiden Name, " Austrian
7. Mother's Birthplace, Austria
8. Full Name of Father, Henry Lichtenberg
9. Father's Occupation. Button-hole Maker
10. Father's Birthplace, Austria.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner M. D.

Address, 424 N. Greene St.

Remarks,

8 9 2 0 0 0 0 5 7 1

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and been conferred), its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and been delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37090.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 6. 1892.

4. Place of Birth, (Street and Number) 1412 Eighth Str

5. Full Name of Mother, Annie Berkowitz

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Simon Berkowitz

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

8920000572

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, and the full name and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in compliance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37041.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 6, 1892.
4. Place of Birth, (Street and Number) 1061 Eastern Ave.
5. Full Name of Mother, Teresia Mariell
6. Mother's Maiden Name, Greenmouth
7. Mother's Birthplace, Italy
8. Full Name of Father, Joseph Mariell
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

8 9 2 0 0 0 0 5 7 3

be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained, the full name and occupation of parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the father of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

CITY OF BALTIMORE 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7 1892
4. Place of Birth, (Street and Number) 1 Linden Court
5. Full Name of Mother, Clara C. Fisher
6. Mother's Maiden Name, Clara Thomas
7. Mother's Birthplace, Maryland
8. Full Name of Father, William C. Fisher
9. Father's Occupation, Mechanic
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. C. Bell

Address, 1115 E. Fayette St. cor. Central Ave

Remarks, Office

8 9 2 0 0 0 0 5 7 4

This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in charge of the office, or if there be no such person, by the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, to the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

FEB 27 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 1, 1923
4. *Place of Birth, (Street and Number)* Home
5. *Full Name of Mother,* Alice
6. *Mother's Maiden Name,* Ball
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lemuel
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. C. Bell

Address, 1232 E. Madison St. cor. Central Ave

Remarks, C. M. Bell

8 9 2 0 0 0 0 5 7 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1892
4. *Place of Birth, (Street and Number)* 1215 Fayette St
5. *Full Name of Mother,* Mary Gaye
6. *Mother's Maiden Name,* Mary Kelly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Gaye
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Dr C B H

Address, 1215 Fayette St Cor Eutaw Ave

Remarks, Ill Child

892000005 76

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name (if any) conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the person or parents of such shall occur without the mother, immediately thereafter it shall become the duty of and within the period above required, and attendance upon the Commissioner of Health, in the manner and with the provisions of this section shall be subject child to report its birth to any such person or persons who shall hereafter fail to comply to be recovered as other fines and forfeitures are recoverable. to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Frank Boldt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12 1892
4. *Place of Birth, (Street and Number)* 120 Hanover Ave
5. *Full Name of Mother,* Magdalene (Unknown) Boldt
6. *Mother's Maiden Name,* Magdalena (Unknown)
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustave (Unknown) (Unknown) Boldt
9. *Father's Occupation,* Cutler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1213 E. Monument St. cor Central Ave.

Remarks, All Well

8 9 2 0 0 0 0 5 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child of any such live ... month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 13. 1892.
4. Place of Birth, (Street and Number) 805 Eastern Ave.
5. Full Name of Mother, Annie Pattie
6. Mother's Maiden Name, — Pellson
7. Mother's Birthplace, Italy
8. Full Name of Father, Sol Pattie
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks,

8920000578

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable.

CITY REGISTRAR 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 14th 1892
4. Place of Birth, (Street and Number) 320 N. Greene St.
5. Full Name of Mother, Sarah Whiteford
6. Mother's Maiden Name, " Quinn
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John H. Whiteford
9. Father's Occupation, Manufacturer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J.B. Gardner

Address, 424 N. Greene St.

Remarks,

8920000579

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 16. 1892.
4. *Place of Birth, (Street and Number)* 903 Stiles Str
5. *Full Name of Mother,* Mary Cunningham
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Clarret Cunningham
9. *Father's Occupation,*
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

8 9 2 0 0 0 0 5 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Evelyn Seidemann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 18. 1942.

4. Place of Birth, (Street and Number) 1213 E. Pratt Str

5. Full Name of Mother, Fanny Seidemann

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Simon Seidemann

9. Father's Occupation,

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecile Bernstein

Address, 122 S. Exeter Str

Remarks, GIVEN NAME ADDED 1-25-54 LM

8 9 2 0 0 0 0 5 8 1

CITY REGISTRAR 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 19. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asy.
5. *Full Name of Mother,*	Kate Henderson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	A. S. Heine M. D
Address,	1520 Druid Hill Ave.
Remarks,	

FEB 8 1892

3H

Health. This schedule shall contain a list of the births which have occurred under the observation of the person making the return during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14 1892
4. *Place of Birth, (Street and Number)* 13 or 14 Eutaw St
5. *Full Name of Mother,* Mary E. Tully
6. *Mother's Maiden Name,* Mary E. Bailey
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Patrick Tully
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. C. Bayard Clopper

Address, 1115 E. Monument St or 1211 Eutaw Ave

Remarks, Still Born

8920000583

Section 1. This section requires that the full name of each child, if any such have been born, and shall be ascertained as far as the same can be ascertained, the parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1886

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 20. 1892
4. *Place of Birth, (Street and Number)* 1072 Granby St
5. *Full Name of Mother,* Cassie Gruel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Gruel
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

8 9 2 0 0 0 0 5 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th 1893
4. Place of Birth, (Street and Number) 1111 Gaul Ave
5. Full Name of Mother, Elsie Fuller
6. Mother's Maiden Name, Elsie Custer
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Fuller
9. Father's Occupation, Tobacco
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. A. Birk

Address, 1203 E. Hanover Ave Central Ave

Remarks, All Well

18920000585

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Return. ... the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 21, 1892.
4. Place of Birth, (Street and Number) 1807 Maryland Ave.
5. Full Name of Mother, Harriet St. Penniman
6. Mother's Maiden Name, Dushane
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, George Dobbin Penniman
9. Father's Occupation, Lawyer
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly, M.D.

Address, 905 N. Charles St.

Remarks,

1892

8 9 2 0 0 0 0 5 8 5

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 21 1892

4. *Place of Birth, (Street and Number)* 1104 Eden St.

5. *Full Name of Mother,* Mary E. Finn

6. *Mother's Maiden Name,* Bell

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Thomas Robert

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. H. A. Bate

Address, 1213 E. Monument St. cor. Central Ave

Remarks, Well

6920000587

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3/1/06

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmer Britton Holland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 21, 1906

4. *Place of Birth, (Street and Number)* 1507 E. Fayette St.

5. *Full Name of Mother,* Elizabeth Holland

6. *Mother's Maiden Name,* Sachs

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Holland

9. *Father's Occupation,* Contractor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. C. Batt

Address, 1015 E. Monument St. Cor. Eutaw Ave.

Remarks, Office

CITY MADE ADDED 3-2-53

1892000005888

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the number of children of the mother, and shall set forth as far as the same can be ascertained the same of each child born before; and the full name and residence of the practitioner or midwife in attendance at the birth; and in case there was no such attendant, then the full name and residence of the householder in the house where the birth occurred, or of the parent of such child, shall be given in the form of a certificate between the first and third days of each month, and every month of a physician or midwife in attendance at the birth of any child shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parents of such child to report its birth to the Commissioner of Health, it shall be the duty of the

RETURN OF A BIRTH. A 37107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 23. 1892
4. Place of Birth, (Street and Number) 1527 E. Baltimore St.
5. Full Name of Mother, Annie Gordon
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Julius Gordon
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

8 9 2 0 0 0 0 5 8 9

Health. This schedule shall contain a list of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 24 1892

4. Place of Birth, (Street and Number) 125 Madison St Upstairs

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

+ 8920000590

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

a child, and shall enter the same on a ... register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and place of birth, and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37109.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 24. 1892.
4. Place of Birth, (Street and Number) 1025 Penns. Ave.
5. Full Name of Mother, Bertha Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Israel Jacobs
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

8 9 2 0 0 0 0 5 9 1

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 37110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the [illegible] of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the mother and within the period above required, and child to report its birth to the Commissioner of Health, in accordance with and provisions of this section shall be any such person or persons who shall hereafter fail to comply with and provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24
4. *Place of Birth, (Street and Number)*	Fort Ave 1636
5. *Full Name of Mother,*	Agnes Taylor
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	William Taylor
9. *Father's Occupation,*	Ship Riveter or Boiler Maker
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	C. W. McGeorge
Address,	920 Hollins St
Remarks,	

8920000592

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 25 1892
4. *Place of Birth, (Street and Number)*	1411 N. Fulton ave
5. *Full Name of Mother,*	Dorothea Catharine Carroll Einolf
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	James R Eagen
9. *Father's Occupation,*	Superintendent
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J Harvey Hill
Address,	807 N Arlington ave
Remarks,	18920000593

...month, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no one of parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 26 1892
4. Place of Birth, (Street and Number) 310 E. Pratt St
5. Full Name of Mother, Becca Shwab
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Shwab
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks,

8 9 2 0 0 0 0 5 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3r 113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26, 1892.
4. Place of Birth, (Street and Number) 1507 Patterson Ave
5. Full Name of Mother, Cora Estella Phillips
6. Mother's Maiden Name, Cora Estella Phillips
7. Mother's Birthplace, Page Co. Va
8. Full Name of Father, Kirby A. Phillips
9. Father's Occupation, Carpenter
10. Father's Birthplace, Page Co Va

Name of Medical Attendant, or other person who makes this Return, Dr. M. J. Chappell

Address, 351 Wilkens Ave

Remarks,

0920000595

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its father. The certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case, the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person lie in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 37114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27th of January
4. Place of Birth, (Street and Number) Baltimore Md 216 Rock Street
5. Full Name of Mother, Hester Annie Dudley
6. Mother's Maiden Name, Hester Annie Dudley
7. Mother's Birthplace, Kent county Md
8. Full Name of Father, William Henry Dudley
9. Father's Occupation, Harvester
10. Father's Birthplace, Kent County Md

Name of Medical Attendant, or other person who makes this Return. Caroline Queen

Address, 1066 Raborg Street

Remarks,

8920000596

Health. This schedule shall contain a true [illegible] each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the [illegible] and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in [illegible] form of [illegible] case the birth of any child third day of each and every month to the office of the Commissioner of Health [illegible] ficate between the first and shall occur without the attendance of a physician or practitioner [illegible] midwives, or shortly the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Ray Ramen

RETURN OF A BIRTH. 3/11.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Herman Samuel Ramen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 27 1892
4. Place of Birth, (Street and Number) 1629 E. Baltimore Str
5. Full Name of Mother, Lina (Kominetzky) Ramen
6. Mother's Maiden Name, Hendler
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Kominetzky Ramen
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

8 9 2 0 0 0 0 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37116.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall fail to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, such child's birth, and color of the child or children within six days thereafter, stating distinctly the date of birth, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 1892

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-5

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 28. 1892
4. *Place of Birth (Street and Number)* 22 E. Lexington (2nd St.
5. *Full Name of Mother* Josephine Victor
6. *Mother's Maiden Name* McCurry
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Louis E. Victor
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Dr. Baldwin Md.

Address 200 N. Calvert St.

Remarks

18920000598

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-9-52

RETURN OF A BIRTH.

A 37117.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Clara Chipman ~~Diffenderffer~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First —
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 28. 1892.
4. Place of Birth (Street and Number)	611 N. Calhoun st —
5. Full Name of Mother	Kate B. Diffenderffer —
6. Mother's Maiden Name	" " Resnick —
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	William Diffenderffer
9. Father's Occupation	—
10. Father's Birthplace	Baltimore City, Md.
Name of Medical Attendant, or other Person who makes this Return.	E. A. Holbrook, M.D.
Address	714 N. Carey st —
Remarks	

8 9 2 U 0 0 0 5 9 9

CITY REGISTRAR FEB 9 1892

advise at the birth of any child within the City of Baltimore, such information as may be required by the Board of Health, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

37118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a true statement of the facts relating to each child, (if any shall have been born) and shall set forth as far as the same can be ascertained the full name, the date of birth, and the exact place of birth; and the said schedule and shall set forth as far as the same can be ascertained the full name, the date of birth, and the exact place of birth; and the said schedule and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date of birth, and the exact place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date of its birth, and the exact place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case no person be in attendance upon the each and every month to the office of the Commissioner of Health. In case no person be in attendance upon the the attendance of a physician or practitioner of midwifery, or should no parent of such child to report its birth to the attendance of a physician or practitioner of midwifery, or should no parent of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* female Colard
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 23 January
4. *Place of Birth (Street and Number),* Bell Westgate St 1923
5. *Full Name of Mother,* Annie L Bell
6. *Mother's Maiden Name,* Annie Wade
7. *Mother's Birthplace,* Charles Co MD
8. *Full Name of Father,* George Philip Bell
9. *Father's Occupation,* labor part time as Waiting
10. *Father's Birthplace,* Charles Co MD

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 2 0 0 0 0 6 1 0

RETURN OF A BIRTH.

37119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 28th 1892
4. *Place of Birth, (Street and Number)*	Baltimore Md. 510 N. Schroeder St
5. *Full Name of Mother,*	Annie Devaux
6. *Mother's Maiden Name,*	" Connelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Louis. Anthony. Devaux
9. *Father's Occupation,*	Janitor State Normal School
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

1892000601

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician or person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person in attendance upon the mother, it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 28. 1892
4. Place of Birth, (Street and Number) 203 S. Exeter Str
5. Full Name of Mother, Lina Rapaport
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Rapaport
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L Bernstein

Address, 122 S. Exeter Str

Remarks,

8920000602

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 28th 1:30 a.m.
4. Place of Birth, (Street and Number) 2406 N. Charles St
5. Full Name of Mother, Katherine Scranton Jenkins
6. Mother's Maiden Name, " " Platt
7. Mother's Birthplace, Scranton Pa.
8. Full Name of Father, Albert Edward Jenkins
9. Father's Occupation, Constructing Engineer
10. Father's Birthplace, Rockford, Ill.

Name of Medical Attendant, or other person who makes this Return. Mary Sherwood M.D.

Address, The Arundel, 1320 N. Charles St.

Remarks,

8920000603

Health. This schedule shall contain a list of the births which ... occurred during the ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37177

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 302 Sycamore ave January 29th
4. Place of Birth, (Street and Number) 302 Sycamore ave
5. Full Name of Mother, Mabel E. McCarty
6. Mother's Maiden Name, Mabel
7. Mother's Birthplace, ——
8. Full Name of Father, Hubbart H. McCarty
9. Father's Occupation, ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return, Morris Shanks M.D

Address, cor Parkdale & woodberry ave

Remarks,

8920000604

Health. This schedule shall contain a list of the births [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the first case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before [illegible]

RECEIVED 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Friday January 29th 1892.
4.	*Place of Birth, (Street and Number)*	#2011 West Baltimore Street.
5.	*Full Name of Mother,*	Emma A Schafer.
6.	*Mother's Maiden Name,*	Emma A Miller
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Geo. H. Schafer.
9.	*Father's Occupation,*	Butcher.
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Poppleton St
	Remarks,	

1892 0000605

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, or if there be no such practitioner in attendance upon the mother, immediately between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner aforesaid within the period above required, and the Commissioner of Health shall hereafter be informed of the same, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 29, 1892.
4. Place of Birth, (Street and Number) 1303 E. Pratt Str
5. Full Name of Mother, Dina Goodman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Wilhelm Goodman
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

6 9 2 0 0 0 0 6 0 6

CITY OF BALTIMORE FEB 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, 8th January 1892
4. Place of Birth, (Street and Number) No 511 Pine st.
5. Full Name of Mother, Anna Gallagher.
6. Mother's Maiden Name, Anna Kelle.
7. Mother's Birthplace, Baltimore County.
8. Full Name of Father, Patrick Gallagher.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Kelly No 537 Biddle alley

Remarks,

8920000607

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

mouth, and shall set forth as far as the same can be ascertained the full name, date, and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 10 1892
4.	*Place of Birth, (Street and Number)*	18 Gools Lane
5.	*Full Name of Mother,*	Emma Proter
6.	*Mother's Maiden Name,*	Emma Brewer
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Proter
9.	*Father's Occupation,*	Sailmaker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Casey
	Address,	213 E Heath St
	Remarks,	Going Well

8920000608

CITY OF BALTIMORE 1892 FEB 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a return of the birth of any child third day of each and every month to the office or practitioner of the Commissioner of Health, or shall forthwith shall occur without the attendance of a physician or practitioner in the case of the birth of any child attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the person or parents of such It shall become the duty of the person or parents of such to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. A 37177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 16, 1892
4.	*Place of Birth, (Street and Number)*	211 Henrietta St.
5.	*Full Name of Mother,*	Grace George
6.	*Mother's Maiden Name,*	Grace Woods
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William P. George
9.	*Father's Occupation,*	Laboring
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Laskey
	Address,	213 E. Heath St
	Remarks,	Lying Well

CITY OF BALTIMORE FEB 3 1892

8920000609

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, a like certificate shall be made by the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 37178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	20 January
4.	*Place of Birth, (Street and Number)*	1232 W. Lombard.
5.	*Full Name of Mother,*	Fannie Boswell
6.	*Mother's Maiden Name,*	Fannie Ware.
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	J. F. Boswell
9.	*Father's Occupation,*	Agent
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Catherine Mitchell
	Address,	848 W. Pratt.
	Remarks,	

8920000610

WM J C DULANY CO CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 37179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 2 to

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 to 92
4. Place of Birth, (Street and Number) ~~#~~ No 123 E york St Balto. Md.
5. Full Name of Mother, Kate Gary
6. Mother's Maiden Name, Kate Keelty
7. Mother's Birthplace, ireland
8. Full Name of Father, Chas L. Gary
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. ~~Mrs Tolor~~ Mrs taylor

Address, Mrs taylor 101 Guilford alley Balto Md.

Remarks,

8 9 2 0 0 0 0 6 1 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRY DEPT. FEB 1892

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RETURN OF A BIRTH.

37130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 24, 1892
4.	*Place of Birth, (Street and Number)*	213 Seadenthal St.
5.	*Full Name of Mother,*	Regene Louise
6.	*Mother's Maiden Name,*	Regene Louise Spoon
7.	*Mother's Birthplace,*	Brooklen
8.	*Full Name of Father,*	Michael Louise
9.	*Father's Occupation,*	Healper
10.	*Father's Birthplace,*	Heliware
	Name of Medical Attendant, or other person who makes this Return,	H. B Caskey
	Address,	213 E. Heath St
	Remarks,	Going Well

8920000612

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 29. 1892.
4. *Place of Birth, (Street and Number)* 805 Eastern Ave.
5. *Full Name of Mother,* Guiseppina Gentile
6. *Mother's Maiden Name,* Palmisano
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Cosimo Gentile
9. *Father's Occupation,*
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

8 9 2 0 0 0 0 6 1 3

month, and shall set forth as far as the same ... been conferred) its sex, color, the full name ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24. 1892
4. *Place of Birth, (Street and Number)*	St Vincents Inf. Asy. Isabella Roof
5. *Full Name of Mother,*	
6. *Mother's Maiden Name,*	Virginia
7. *Mother's Birthplace,*	Not known
8. *Full Name of Father,*	" "
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	S. A. Hume M. D.
Address,	1590 Druid Hill Ave
Remarks,	

8920000006174

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 29, 1892
4.	*Place of Birth, (Street and Number)*	1104 Lexington Hall St.
5.	*Full Name of Mother,*	Louise Seiful
6.	*Mother's Maiden Name,*	Louise Seitzinger
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	George Seiful
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	M. R. Lashey
	Address,	213 E. Heath St.
	Remarks,	Living Child

8920000615

FEB 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or the person by whom a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

3/7/34.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 January
4. Place of Birth, (Street and Number) 1427 Hull st
5. Full Name of Mother, Rosalia Alexander
6. Mother's Maiden Name, " Cejuiva
7. Mother's Birthplace, Germany
8. Full Name of Father, William Alexander
9. Father's Occupation, Laboar
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Mason

Address, Beason st 1421 Lows Point.

Remarks,

8 9 2 0 0 0 0 6 1 6

Wm J C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

37/36

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 30th 1892
4. *Place of Birth, (Street and Number)*	2233 McElderry
5. *Full Name of Mother,*	Catherine Horstman
6. *Mother's Maiden Name,*	" Kohlbein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christ. Horstman
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Braddenbohn
Address,	418 S. Paca St.
Remarks,	

8920000617

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered, as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 30. 1892.

4. Place of Birth, (Street and Number) 111 Henrison Ste

5. Full Name of Mother, Hette Rothman

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Rothman

9. Father's Occupation,

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bergstein

Address, 122 S. Exeter Ste

Remarks,

8 9 2 0 0 0 0 6 1 8

FEB 1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

37137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	30th of January 1892
4.	*Place of Birth, (Street and Number)*	Balto city No 802 China St
5.	*Full Name of Mother,*	Mary Queen Howard
6.	*Mother's Maiden Name,*	Mary Queen Crosley
7.	*Mother's Birthplace,*	Balto city
8.	*Full Name of Father,*	Joseph Dyson
9.	*Father's Occupation,*	Waiter
10.	*Father's Birthplace,*	Balto city
	Name of Medical Attendant, or other person who makes this Return.	Sarah Brown
	Address,	No 827 China Street
	Remarks,	Child in good Health

18920000619

Health. This section shall [illegible] the name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the Date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, 30th of January 1892
4. Place of Birth, (Street and Number) No. 906 Biddle Alley
5. Full Name of Mother, Ethel Thompson.
6. Mother's Maiden Name, Ethel Barnet.
7. Mother's Birthplace, Richmond. Va.
8. Full Name of Father, William Thompson
9. Father's Occupation, Painter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Mid-wife Theresa Goller No 533 Biddle Alley

Remarks,

8 9 2 0 0 0 0 6 2 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lloyd T. Breighner Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	Jan 31 st 1892
4. Place of Birth, (Street and Number)	447 Druid Hill ave
5. Full Name of Mother,	Sarah M. Breighner
6. Mother's Maiden Name,	Sarah M. Groft
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Samuel S. Breighner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Lemuel Taylor Morris, M.D.
Address,	871 Harlem ave
Remarks,	

18920000621

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the child last born, and the number of such children living; and the date when and the name and residence of the person by whom the certificate of the birth of any child been conferred; its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the child last born, and the number of such children living; and the date when and the name and residence of the person by whom the certificate of the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and with the like effect; and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 15th 1892
4. *Place of Birth, (Street and Number)*	547 Bloom St
5. *Full Name of Mother,*	Nellie League
6. *Mother's Maiden Name,*	Riley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles League
9. *Father's Occupation,*	Coppersmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler M.D
Address,	2100 Druid Hill Ave
Remarks,	

8 9 2 0 0 0 0 0 6 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate like the birth of any child third day of each and every month to the office of the practitioner of midwifery, or in case no other person be in attendance upon the mother, immediately thereafter if she shall become the duty of the person above required, and shall occur without the Commissioner of Health, in the manner and within the periods of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in[illegible] MARY hereafter during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 15th 1892
4.	*Place of Birth, (Street and Number)*	201 N. Eden Court
5.	*Full Name of Mother,*	Kate Murray
6.	*Mother's Maiden Name,*	Kate Norton
7.	*Mother's Birthplace,*	Owenstown Balto Co
8.	*Full Name of Father,*	James Murray
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return.	C A Tully
	Address,	523 Light St
	Remarks,	Doing Well

8920000623

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37565.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 11th 92
4. *Place of Birth, (Street and Number)* 626 Bruce St
5. *Full Name of Mother,* Anne Price
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Rymer & Nelson

Address,

Remarks, 622 W. Lombard St Md University Maternity

8 9 2 0 0 0 0 6 2 4

MAR 2? 1892

Wm J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained, That the Board of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37566.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (2)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 16 1892
4. Place of Birth, (Street and Number) 2032 Harlowe St
5. Full Name of Mother, Anna Elizabeth Hutkins
6. Mother's Maiden Name, Koehler
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis F Hutkins
9. Father's Occupation, Sugarmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Catherine Mundy

Address, 505 Leadenhall St.

Remarks,

8920000625

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3756?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 17. 1892
4. *Place of Birth, (Street and Number)*	Lexington at 806
5. *Full Name of Mother,*	Wallbert Louise
6. *Mother's Maiden Name,*	Wallbert Knatt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Valentine Louise
9. *Father's Occupation.*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Keller
Address,	2022 Harkins Ave
Remarks,	

8920000626

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child whose birth shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the person in charge of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		Fifth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Feb 18-92
4.	*Place of Birth, (Street and Number)*	955 N Chester
5.	*Full Name of Mother,*	Georgianna Dieterly
6.	*Mother's Maiden Name,*	" Abbott
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Augustus Dieterly
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 McDonogh
	Remarks,	

8920000627

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female): Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11 1892
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Jane Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who attends this Return, Dr Hargrove & Spalding

Address, D

Remarks, 622 W Lombard St

8920000628

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name, and residence of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the latter and within the period above required, and any such person or persons who shall hereafter knowingly fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 2 1892

RETURN OF A BIRTH.

37570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Feb. 1892
4. Place of Birth, (Street and Number) 239 Albemarle St
5. Full Name of Mother, Sophia H. Pilgrim
6. Mother's Maiden Name, " " Westen Asf
7. Mother's Birthplace, Russia London
8. Full Name of Father, George H. W. Pilgrim
9. Father's Occupation, Smith
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St

Remarks,

1892 0 0 0 0 6 2 9

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred [illegible] his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of [illegible]. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall [illegible] and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subject to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

37571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 18 '97
4. Place of Birth, (Street and Number) 1693 Harmonby Line
5. Full Name of Mother, Julia Fisher
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Ruby L Grossman

Address, 622 W Lanvale St

Remarks, City Maternity Maternal

1897 U000630

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the Christian name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in MAR 26 1897 of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 19th 1892
4. Place of Birth, (Street and Number) 631 Penn alley
5. Full Name of Mother, Belle Lowry
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Physicians & Statelyer

Address, 62 N Fondorda

Remarks, Md Universal Maternity

18920000631

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feby 19 1892
4. *Place of Birth, (Street and Number)*	525 East Pl-
5. *Full Name of Mother,*	Annie Turner
6. *Mother's Maiden Name,*	Annie Williams
7. *Mother's Birthplace,*	Orange Co Va
8. *Full Name of Father,*	Edward Turner
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Dobbs Co. N.C.
Name of Medical Attendant, or other Person who makes this Return	Edward G. Mackenzie M.D.
Address,	524 W. Biddle St.
Remarks,	

8920000632

Section 6. This Schedule shall contain a list of the rights which have accrued under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and residence of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or licensed practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	19 Feb 1892
4. *Place of Birth, (Street and Number)*	247 – Mrd Lombard Street
5. *Full Name of Mother,*	Julia Stable
6. *Mother's Maiden Name,*	Julia Pauch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Stable
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	York Pa
Name of Medical Attendant, or other person who makes this Return,	Catherine Wunsch
Address,	220 Saidenhall St
Remarks,	

8920000633

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Feb. 19th 192
4. Place of Birth, (Street and Number) 503 E. Balto. St
5. Full Name of Mother, Sophia Hall
6. Mother's Maiden Name, " Lauterbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Hall
9. Father's Occupation, Merchant-Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Howard C. Silver

Address, 1427 E. Fayette St

Remarks, 8920000634

Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained, the full names of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37576

GIVEN NAME ADDED 6-13-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard ~~Powers~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20th, 1892
4. Place of Birth, (Street and Number) No 911 Clifton Place
5. Full Name of Mother, Elizabeth Powers
6. Mother's Maiden Name, " " Young
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Joseph T. Powers
9. Father's Occupation, Splicer
10. Father's Birthplace, Newark New Jersey

Name of Medical Attendant, or other person who makes this Return. Mrs Wroden

Address, 936 Greenmount Av

Remarks,

8920000635

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, and if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20th 1892
4. Place of Birth, (Street and Number) 223 S Fayette St
5. Full Name of Mother, Bridget Powers
6. Mother's Maiden Name, Bridget Burke
7. Mother's Birthplace, County Galway Ireland
8. Full Name of Father, Joseph Powers
9. Father's Occupation, Laborer
10. Father's Birthplace, County Wexford Ireland

Name of Medical Attendant, or other person who makes this Return. Miss Wooden

Address, 796 Greenmount Ave

Remarks,

8920000636

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 20 - 92
4. *Place of Birth, (Street and Number)*	921 N. Washington
5. *Full Name of Mother,*	Maggie Kraft
6. *Mother's Maiden Name,*	" Gulsler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John P. Kraft
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 Mc Dmogh
Remarks,	

8920000637

Health. This schedule shall contain a list of the births which have occurred in any family during the preceding month, and shall be delivered, duly signed by the practitioner in the family, or by the parents, or by the person who has been in charge of each child, if any shall have been born without the attendance of a physician or practitioner in the family, to the Commissioner of Health, within the first week of the month following that to which said schedule shall relate. In case the birth of any child shall occur without the attendance of a physician or practitioner in the family, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-6-67 A 37579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frances P. Saumenig,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 20 1892
4. *Place of Birth, (Street and Number)*	820 Scott St
5. *Full Name of Mother,*	Adah Saumenig
6. *Mother's Maiden Name,*	" Reed
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frances M Saumenig
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Leo R Lehane M D
Address,	
Remarks,	

8 9 2 0 0 0 0 6 3 8

Wm J C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 37580

GIVEN NAME ADDED 2-19-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Clay Schaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 21st 1924

4. Place of Birth, (Street and Number) 924 Light St

5. Full Name of Mother, Catherine Schaefer

6. Mother's Maiden Name, Spitznagel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Schaefer

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Edwin Ege

Address, 1103 Light St

Remarks,

1892000639

Health. This schedule shall contain a list of the births which have occurred [illegible] or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the day of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of such person to report the above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAR 1924

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37,581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 Feb 1892
4. *Place of Birth, (Street and Number)* 1003 Pratt St
5. *Full Name of Mother,* Lizabeth Moritzchofsky
6. *Mother's Maiden Name,* Barzes
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Vincentz Moritzchofsky
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Fehrman

Address, 42 Albemarle St

Remarks,

8920000640

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of all births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to promptly with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37587.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 21/92
4. Place of Birth, (Street and Number) 622 N Lombard St
5. Full Name of Mother, Mary Washington
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr Hasgrove & Spalding

Address, 622 N Lombard St

Remarks,

8920000641

month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 2 1892

Wm J C. Dulany Co., City Printers and Stationers.

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or person in attendance upon the mother, at the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3758 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22nd Febr 92
4. Place of Birth, (Street and Number)	2035 Frederick Road.
5. Full Name of Mother,	Elisabeth Winrather
6. Mother's Maiden Name,	Elisabeth Walb
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Christian Winrather
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Henkes midwife
Address,	2116 West Pratt St
Remarks,	

8920000642

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37584.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd of February 92
4. *Place of Birth, (Street and Number)*	2011 Mt Pleasant
5. *Full Name of Mother,*	Agnes Heiss
6. *Mother's Maiden Name,*	Agnes Theis
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Heiss
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauber Midwife
Address,	2116 West Pratt St
Remarks,	

8920000643

be a certified copy of the name of each child, of any shall have
month, and shall set forth as far as the same can be a
been conferred) its sex, color, the full name and occupa
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
MAY 2
1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 22 1892
4. Place of Birth, (Street and Number) 622 N Monroe st
5. Full Name of Mother, Eliza Lee
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Drs Sturgis & Spalding

Address,

Remarks, 622 N Lombard St

8920000644

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 2 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Feb 1892
4. Place of Birth, (Street and Number) 1418 Orleans St
5. Full Name of Mother, Annie Wolowitz
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Austria
8. Full Name of Father, Charles Wolowitz
9. Father's Occupation, Wax-Paste Crayon Artist
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, E. J. Sherman

Address, 42 Albemarle St

Remarks,

18920000645

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, said schedule shall be signed by the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	22 Feb 1892
4. Place of Birth, (Street and Number)	708 Orange st
5. Full Name of Mother,	Mary L Burgess
6. Mother's Maiden Name,	Mary Berry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Isaac L Burgess
9. Father's Occupation,	Cooker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Hitchcock
Address,	754 Pearl st
Remarks,	Colored

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened), its sex, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1892 No. 37187

John Murphy & Co., City Printers and Stationers.

1892000006446

RETURN OF A BIRTH. 37588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 February 1892
4. *Place of Birth, (Street and Number)*	13 N Wolfe St
5. *Full Name of Mother,*	Mary Miller
6. *Mother's Maiden Name,*	Mary Daily
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph Miller
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	C A Tully
Address,	1518 Light St
Remarks,	Doing Well

8920000647

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37089.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23/92
4. Place of Birth, (Street and Number) 632 W Lombard
5. Full Name of Mother, Ella Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Sturgis & Spalding

Address, 632 W Lombard St

Remarks, "

692000648

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, together with costs, as other fines and forfeitures are recoverable.

MAR 25 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37590.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21 st 1899
4. Place of Birth, (Street and Number) 313 Winder St
5. Full Name of Mother, Anna Steinbock
6. Mother's Maiden Name, Anna Edyon
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul J. Steinbock
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E A Tully

Address, 1825 Light St

Remarks, Living Well

8920000649

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family of the householder or in the institution under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb. 25, 1892.
4. *Place of Birth, (Street and Number)*	#228 Vine St
5. *Full Name of Mother,*	Mary E. Benson
6. *Mother's Maiden Name,*	Mary E. Morris
7. *Mother's Birthplace,*	Charlestown Md
8. *Full Name of Father,*	Isiah Benson
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Howard Co.
Name of Medical Attendant, or other person who makes this Return,	Abilla Brooks
Address,	1132 Warner St.
Remarks,	Doing well.

8920000650

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

One

RETURN OF A BIRTH. 37597.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male Charles Joseph Lewis
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 25/92 (Feb 19-1892)
4. *Place of Birth, (Street and Number)*	1106 Stockton
5. *Full Name of Mother,*	Annie ~~Mary~~ Lewis
6. *Mother's Maiden Name,*	~~Roth~~ Annie Wessel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas A Lewis
9. *Father's Occupation,*	Feed Store
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jas. W Storms M.D
Address,	1501 Pulaski
Remarks,	Baltimore

Name of child - Charles Joseph Lewis

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E. Mehn

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother or other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 25th 1892
4. Place of Birth, (Street and Number) No. 945 Linden Ave.
5. Full Name of Mother, Alice Pitzpinus
6. Mother's Maiden Name, Ritchley
7. Mother's Birthplace, Newport Charles Co. Md.
8. Full Name of Father, Robert Pitzpinus
9. Father's Occupation, Oysterman
10. Father's Birthplace, Ellicott City Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks,

8920000652

This Schedule must be filled out by the Attendant at the birth of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In the event of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1st 1892
4. Place of Birth, (Street and Number) 2103 Bank st
5. Full Name of Mother, Mary Rainer
6. Mother's Maiden Name, " Kraus
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles E. B. Rainer
9. Father's Occupation, Can Capper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, #2425 Lancaster st

Remarks,

1892000653

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37593.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE FEB 4 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* I
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 2nd Febr. 1892
5. *Place of Birth, (Street and Number)* Eastern Ave. 1704
6. *Full Name of Mother,* Kathe Hohman
7. *Mother's Maiden Name,* " Knappe
8. *Mother's Birthplace,* Germania
9. *Full Name of Father,* Karl Hohman
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

1 8 9 2 0 0 0 0 6 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

~~GIVEN NAME ADDED~~ 8-27-6

RETURN OF A BIRTH. A 37596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles LAMARTine ~~PASTERfield~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 February 1897
4. Place of Birth, (Street and Number) 1822½ Vivien st.
5. Full Name of Mother, Carrie Patterfield
6. Mother's Maiden Name, = Schrade
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles E Patterfield
9. Father's Occupation, policeman
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Carl Av.

Remarks,

8920000655

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37597.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feby 2
4. Place of Birth, (Street and Number) 1530 Johnson st
5. Full Name of Mother, Lizzie Bopp
6. Mother's Maiden Name, " Spicker
7. Mother's Birthplace, City
8. Full Name of Father, John Bopp
9. Father's Occupation, Steward
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, D C Deuch M D

Address, 571 Hanover st

Remarks,

8 9 2 U 0 0 0 6 5 6

MAR 2 1892

month, and shall set forth as far as the same can be ascertained (if living) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, to the Registrar of Vitals Statistics on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the office aforesaid, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37598.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 3 — 1892
4. *Place of Birth, (Street and Number)* 246 S. Eolington
5. *Full Name of Mother,* Mollie Thomas Weininger
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry P. Thomas
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

18920000657

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

The birth of every child which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 37599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feby 4th 1892
4. *Place of Birth, (Street and Number)*	605 W. Lee St.
5. *Full Name of Mother,*	Ida M. Aldridge.
6. *Mother's Maiden Name,*	" Zimmerman
7. *Mother's Birthplace,*	Balto. City Md.
8. *Full Name of Father,*	Nicholas A. Aldridge.
9. *Father's Occupation,*	Conductor.
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return.	R. J. H. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

FEB 4 1892 CITY OF BALTIMORE

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any Magistrate.

RETURN OF A BIRTH

27600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female),*	Female.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	February 4th 1892
4. *Place of Birth (Street and Number),*	No 20 Frisby St. (Annex)
5. *Full Name of Mother,*	Isabel Mason
6. *Mother's Maiden Name,*	Ross
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carville Mason
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. Monmonier M.D.
Address,	634 Gorsuch Av.
Remarks,	

This section shall embrace a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH. No. 37601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 5 97
4. *Place of Birth, (Street and Number)*	731 Gilmor Ave.
5. *Full Name of Mother,*	Annie Christopher
6. *Mother's Maiden Name,*	Annie Kohler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Harry Christopher
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return	J. K. Robinson M.D.
Address,	1762 E. Fusten St.
Remarks,	

8 9 2 0 0 0 0 6 6 0

CITY (BIRTH) 1897 MAY 4

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 5 th 1902
4.	*Place of Birth, (Street and Number)*	# 344 Ingalls ond st.
5.	*Full Name of Mother,*	Mary Dietz.
6.	*Mother's Maiden Name,*	" Flodig.
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Peter Dietz.
9.	*Father's Occupation,*	Paver
10.	*Father's Birthplace,*	Hessen
	Name of Medical Attendant, or other person who makes this Return,	Annie Leidner
	Address,	# 106 S. Monroe st.
	Remarks,	

MAY 4 1902

CITY REGISTRAR

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

84200000661

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th Febr. 1892
4. Place of Birth, (Street and Number) N. Chapel St. 110
5. Full Name of Mother, Annie Bauer
6. Mother's Maiden Name, " Lahmer
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Bauer
9. Father's Occupation, Stevedore
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 806 Eastern Ave.

Remarks,

8 9 2 0 0 0 0 6 6 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Boy
3. Race or Color, (if not of the white race) White
4. Date of Birth, 3rd Febr. 1892
5. Place of Birth, (Street and Number) Bank Str. 1231
6. Full Name of Mother, Wilhelmina Henseler
7. Mother's Maiden Name, " " Kramer
8. Mother's Birthplace, Germania
9. Full Name of Father, John Henseler
10. Father's Occupation, Plumber
11. Father's Birthplace, Germania
12. Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer
13. Address, 806 Eastern Ave.
14. Remarks,

8 9 2 0 0 0 0 6 6 3

CITY OF BALTIMORE 1892

Wm J. C. Dulany Co., City Printers and Stationers.

37605.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	girl
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	5 February
4.	*Place of Birth, (Street and Number)*	Waverly
5.	*Full Name of Mother,*	Magie Lorty Schneider
6.	*Mother's Maiden Name,*	=
7.	*Mother's Birthplace,*	Germanie
8.	*Full Name of Father,*	Peter Lorty
9.	*Father's Occupation,*	=
10.	*Father's Birthplace,*	~~Balto~~ Germ.
	Name of Medical Attendant, or other person who makes this Return,	Anna Walker
	Address,	928 N. Ent St.
	Remarks,	

18920000664

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of the parents, the date and place of birth; and the been conferred) his sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the firm of a certificate the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 2-6-99
4. Place of Birth, (Street and Number) 115 W. Lombard St
5. Full Name of Mother, Bertie Smith
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Parks Greene

Address,

Remarks,

8920000665

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th Febr. 1892
4. Place of Birth, (Street and Number) Canton Ave. 2001
5. Full Name of Mother, Mary Conley
   V. Henderson
6. Mother's Maiden Name, Ireland
7. Mother's Birthplace, Peter Conley
8. Full Name of Father, Laborer
9. Father's Occupation, Ireland
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 726 Eastern Ave.

Remarks,

8 9 2 0 0 0 0 6 6 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2-6-92

4. Place of Birth, (Street and Number) 115 N. Longwood St

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Carlos Greene

Address,

Remarks,

8 9 2 0 0 0 0 6 6 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRAR'S OFFICE MAR 14 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 6th 91
4. *Place of Birth, (Street and Number)* 2123 Linn st
5. *Full Name of Mother,* Augusta Foster
6. *Mother's Maiden Name,* Augusta Miller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Foster
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Annie Leidner

Address, #106 Monroe St.

Remarks,

8920000668

month, and shall set forth as far as the same can be ascertained under his or her care during the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Feb 23rd 1892
4.	*Place of Birth, (Street and Number)*	No 2024 Charles St.
5.	*Full Name of Mother,*	Sate Granger
6.	*Mother's Maiden Name,*	" Hanley
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Jo Granger
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Miss Minnie Jenns.
	Address,	No 1613 N. Charles St.
	Remarks,	Yours Respectfully

8920000669

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, at the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

CITY OF BALTIMORE MAR 4 1892 BOARD OF HEALTH

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 37761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th Octr. 1902
4. Place of Birth, (Street and Number) N. Washington Av. 9
5. Full Name of Mother, Maggie Frank
6. Mother's Maiden Name, Holzheit
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Frank
9. Father's Occupation, Printer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 816 Eastern Ave.

Remarks,

8 9 2 0 0 0 0 6 7 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in attendance upon the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) C
3. Date of Birth, 6 th February
4. Place of Birth, (Street and Number) 918 Sterling st.
5. Full Name of Mother, Kate Shutchins
6. Mother's Maiden Name, — Brandau
7. Mother's Birthplace, Balt.
8. Full Name of Father, Thomas Shutchins
9. Father's Occupation, Printer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Ave.

Remarks,

8920000671

To the Registrar of Vital Statistics, Board of Health, Baltimore City.

The undersigned hereby certifies that he has attended the birth of the child above described, and that the same occurred at the place and on the day above stated.

Dated this 6 day of February 1892

Anna Walker

Address 928 N. Carl Ave.

Every person who shall have attended upon the birth of any child, or who shall have had the care of any child at its birth, shall, within the period above required, report to the Commissioner of Health, in the manner and within the period above required, and subject to the penalties above prescribed, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. No. 37613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7 92
4. Place of Birth, (Street and Number) 439 E. Lanvale St.
5. Full Name of Mother, M. Rose
6. Mother's Maiden Name, M. Smith
7. Mother's Birthplace, Md
8. Full Name of Father, Augustus Rose
9. Father's Occupation, Engineer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. Robinson M.D.

Address, 736 E. Preston St

Remarks,

CITY REGISTRAR'S OFFICE JUL 14 1892

1892 U 000672

The Mother of each child (if any shall have been married) is hereby required to ascertain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, 7. Februar.
4. Place of Birth, (Street and Number) 1334 Canton Street.
5. Full Name of Mother, Wilhelmine Liersemann.
6. Mother's Maiden Name, Oldenburg.
7. Mother's Birthplace, Gemany.
8. Full Name of Father, Adolf Liersemann
9. Father's Occupation, Labor
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann.

Address, 1225 Hart Street.

Remarks,

6 9 2 0 0 0 0 6 7 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9-8-97
4. Place of Birth, (Street and Number) 15 N Longdale St
5. Full Name of Mother, Fannie Roberts
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, MD
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace, Race Grove MD

Name of Medical Attendant, or other person who makes this Return, Race Grove MD

Address,

Remarks,

8 9 2 0 0 0 0 6 7 4

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the [illegible] child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, Md. [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 37616.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2d Febr. 1892
4. Place of Birth, (Street and Number) S. Collington Ave. 204
5. Full Name of Mother, Christina Lang
6. Mother's Maiden Name, [illegible] Schaff
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Bernhard Lang
9. Father's Occupation, Coal Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 806 Eastern Ave.

Remarks,

8 9 2 0 0 0 0 6 7 5

Wm J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH

A 3767.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White.
3. Date of Birth, February 8th 1892.
4. Place of Birth, (Street and Number) #127. N. Montford Ave
5. Full Name of Mother, Maggie L. Franklin
6. Mother's Maiden Name, Maggie L. Miller
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Albert J. Miller.
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return Dr. John Davis

Address, #2102. Orleans St

Remarks, Forceps delivery.

MAR 3 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8920000676

RETURN OF A BIRTH. 37618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penal forfeitures are recoverable.

CITY OF BALTIMORE MD. FEB 14 1892 BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	9th Febr 1892
4. Place of Birth, (Street and Number)	Lancaster Str. 2403
5. Full Name of Mother,	Mucka Branding
6. Mother's Maiden Name,	" Walles
7. Mother's Birthplace,	Baltc.
8. Full Name of Father,	Otto Branding
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltc.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	806 Eastern Ave.
Remarks,	

8 9 2 0 0 0 0 6 7 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 9th. /12
4.	*Place of Birth, (Street and Number)*	#20 Rhams Lane
5.	*Full Name of Mother,*	Barbara Rauch
6.	*Mother's Maiden Name,*	" " Hamm
7.	*Mother's Birthplace,*	Freihung
8.	*Full Name of Father,*	Lorenz Rauch
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Halmbach
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	#106 S. Kinsey st.
	Remarks,	

8 4 2 0 0 0 0 6 7 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...which birth occurred under his or her care during the ...ntaining the full name of each child, if any shall have ...of its parents, the date and place of birth; and the ...mer in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in ...been conferred) its sex, color, the full name and occupation of the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or midwife, the ...attendance upon the mother, immediately after the birth, in the ...child to report its birth to the commissioner of health, in the ...any such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2-9-97
4. *Place of Birth, (Street and Number)* 115 W Lombard St
5. *Full Name of Mother,* Louie Evans
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, Charles Evans

Address,

Remarks,

8 9 2 0 0 0 0 6 7 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

OF BAL

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 9 1872
4. Place of Birth, (Street and Number) 518 N Castle St.
5. Full Name of Mother, Mary Eliza Varlett
6. Mother's Maiden Name, Layer
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Andrew Jackson Varlett
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fralt St.

Remarks,

8920000680

37621.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and been scheduled shall be delivered, duly signed by the said Commissioner of Health, or should no other person of such said day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and third days of midwifery, or the person or parents of such shall occur upon the mother, immediately thereafter, in the absence of the physician or midwife in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and enforced as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained after his or her care during the month, and shall set forth as far as the same can be ascertained after his or her care during the month, and shall set forth as far as the same can be ascertained after his or her care during the

RETURN OF A BIRTH. A37673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d Nathan Goldberger
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 10
4. *Place of Birth, (Street and Number)*	625 S. Charles St
5. *Full Name of Mother,*	Minnie Goldberg
6. *Mother's Maiden Name,*	Seligmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Bernard Goldberg
9. *Father's Occupation,*	Clothier
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return,	L C Bruck M D
Address,	571 Hummel
Remarks,	Name of child added 6/11/35 - by member of family - Fawly Goldberg

8 9 2 0 0 0 0 6 8 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 37624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 2-11-92
4. *Place of Birth, (Street and Number)* 115 N. Longwood St
5. *Full Name of Mother,* Etta Rogers
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Isaac Irene

Address,

Remarks,

8 9 2 0 0 0 0 6 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the mother, or by the father, or by the person having charge of the house, to the Registrar of Vital Statistics, or his deputy, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 11, 1892
4.	*Place of Birth, (Street and Number)*	1000 Light St
5.	*Full Name of Mother,*	Becky Still
6.	*Mother's Maiden Name,*	Becky Pithest
7.	*Mother's Birthplace,*	Kent County
8.	*Full Name of Father,*	John Still
9.	*Father's Occupation,*	Sexton
10.	*Father's Birthplace,*	Kent County
	Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
	Address,	213 E. Hedlith St
	Remarks,	Doing Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the proper certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

8920000684

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RETURN OF A BIRTH. A. 37676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Febr. 1892
4. Place of Birth, (Street and Number) S. Washington Str. 19
5. Full Name of Mother, Constantina Hayes
6. Mother's Maiden Name, Eckert
7. Mother's Birthplace, Germanie
8. Full Name of Father, John Hayes
9. Father's Occupation, Grasinspector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Driscihopf

Address, 1816 Eastern Ave.

Remarks,

8 9 2 0 0 0 0 6 8 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 3764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2-11-92
4. Place of Birth, (Street and Number) 115 N Longard
5. Full Name of Mother, Annie Gibbs
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, MD
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address,

Remarks,

8920000686

Wm J C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name, maiden name, occupation and birthplace of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH.

37678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1.	*Sex, (state whether mate or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 11th. 92
4.	*Place of Birth, (Street and Number)*	# 2220 Frederick Ave
5.	*Full Name of Mother,*	Katie Hammeyer
6.	*Mother's Maiden Name,*	" Hillman.
7.	*Mother's Birthplace,*	Catonsville
8.	*Full Name of Father,*	Anton Hammeyer
9.	*Father's Occupation,*	Cigarmaker
10.	*Father's Birthplace,*	Balto. Co
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	# 106 S. Monroe St,
	Remarks,	

8920000687

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RETURN OF A BIRTH. A 37679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	2/11 92.
4.	*Place of Birth, (Street and Number)*	215 E Biddle St.
5.	*Full Name of Mother,*	Grace S Sipley
6.	*Mother's Maiden Name,*	Grace Sansbury
7.	*Mother's Birthplace,*	Annapolis
8.	*Full Name of Father,*	Wm H Sipley
9.	*Father's Occupation,*	Fireman on R R.
10.	*Father's Birthplace,*	Annarundle Co Md
	Name of Medical Attendant, or other person who makes this Return.	W B Perry M D
	Address,	700 E. Chase St.
	Remarks,	

8 9 2 0 0 0 0 6 8 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or manner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feby 12th 1892.
4. *Place of Birth, (Street and Number)*	652. W. Lombard St.
5. *Full Name of Mother,*	Sarah White.
6. *Mother's Maiden Name,*	" Burgunder.
7. *Mother's Birthplace,*	Balto. city.
8. *Full Name of Father,*	Gustav. E. White
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

Health. This schedule shall contain a list of the births occurring [illegible] as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 37631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12th 1892
4. Place of Birth, (Street and Number) #2300 Boston st
5. Full Name of Mother, Mary Rohart
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Rotter
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. H. Schwatka M.D.

Address, #2425 Lancaster st

Remarks,

8920000690

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-6-57

RETURN OF A BIRTH.

A 37637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Agnes Mary Hauck First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 13th 1892
4.	*Place of Birth, (Street and Number)*	120 S. Carrollton Ave
5.	*Full Name of Mother,*	Katherine Hauck
6.	*Mother's Maiden Name,*	Katherine Meier
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Hugo August Hauck
9.	*Father's Occupation,*	Grocer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	#106 S. Monroe st.
	Remarks,	

1 8 9 2 0 0 3 0 6 9 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 11-28-56

RETURN OF A BIRTH.

37633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Thomas Hankins

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 13 th 1892.
4.	*Place of Birth, (Street and Number)*	# 2135 Vine St.
5.	*Full Name of Mother,*	Fannie Hankins
6.	*Mother's Maiden Name,*	" Marshall
7.	*Mother's Birthplace,*	Talbot Co
8.	*Full Name of Father,*	William Hankins
9.	*Father's Occupation,*	Shoemaker
10.	*Father's Birthplace,*	Richmond Va.
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	# 106 S. Monroe St.
	Remarks,	

8920000692

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RETURN OF A BIRTH.

A. 37634.

GIVEN NAME ADDED 7-21-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Laurene Suehle

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th Febr. 1892
4. Place of Birth, (Street and Number) S. Patterson Park Ave. 104
5. Full Name of Mother, Annie Suehle
6. Mother's Maiden Name, " Maier
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Suehle
9. Father's Occupation, Taylor
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Livenhofer

Address, 506 Eastern Ave.

Remarks,

8920000693

said schedule shall be delivered, duly signed by the practitioner or midwife, or other person who shall have been in attendance upon the mother, or by the parents of such child, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 37631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9-15-97
4. Place of Birth, (Street and Number) 115 W. Lombard st.
5. Full Name of Mother, E. M. Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Katie Frame

Address,

Remarks,

8920000694

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 37636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth. 9-15-99
4. Place of Birth, (Street and Number) 115 N Longart st.
5. Full Name of Mother, Maggie Jennings
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Brune

Address,

Remarks,

8920000695

Wm J C. Dulany Co., City Printers and Stationers.

...its parents, the date and place of birth; and the ...sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practi... ...in the form of a certificate between the first and ...third day of each and every month to the office of the Com... ...Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practi... ...practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner or midwife, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter if such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 9-15-97
4. Place of Birth, (Street and Number) 115 N. Lombard St
5. Full Name of Mother, Emma Williams
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Evans

Address,

Remarks,

8920000696

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby. 15th/92
4. *Place of Birth, (Street and Number)* 1201 Ridgely St,
5. *Full Name of Mother,* Joanner Wallace.
6. *Mother's Maiden Name,* " Singleton
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* James F. Wallace,
9. *Father's Occupation,* Feed Store,
10. *Father's Birthplace,* Balto, city

Name of Medical Attendant, or other person who makes this Return. Dr J. H. Talbert M.D.

Address, 524 Sharp St

Remarks,

6 9 2 0 0 0 0 6 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th Feb. 1891
4. Place of Birth, (Street and Number) N. Madeira Alley 110
5. Full Name of Mother, Katharina Martin
6. Mother's Maiden Name, " Antan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Martin
9. Father's Occupation, Cannmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 606 Eastern Ave.

Remarks,

8920000698

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the practitioner or physician or midwife shall receive therefor a fee of fifty cents. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 15 1892
4.	*Place of Birth, (Street and Number)*	#1910 Lanvale st.
5.	*Full Name of Mother,*	Mary C. Hodges
6.	*Mother's Maiden Name,*	" Hankle.
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	John H. Hodges
9.	*Father's Occupation,*	Wheelwright
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	#106 S. Monroe st.
	Remarks,	

8920000699

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in such manner and within the period above required, and any such person or persons who shall neglect or fail [illegible] 189[illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 3-14-56 A 37641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Anna Bohnlofink

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 16 1892
4. Place of Birth, (Street and Number) 1433 E Pratt St.
5. Full Name of Mother, Katie (~~Anna~~) (~~Bohnlofink~~) Bohnlofink
6. Mother's Maiden Name, (Kemmer) Kemmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (~~Bohnlofink~~) Bohnlofink
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8920000700

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 2 1893

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37647.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16 th.
4. Place of Birth, (Street and Number) 409 S. Fulton Ave
5. Full Name of Mother, Alice Hall
6. Mother's Maiden Name, Mullikan
7. Mother's Birthplace, Talbot Co Md
8. Full Name of Father, W. H. Hall
9. Father's Occupation, Carpenter and B. T. C.
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, M. J. Lennon

Address, 339 S. Broadway

Remarks, Healthy Child

8 9 2 0 0 0 0 7 0 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and description of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of its parents, at the office of the Commissioner of Health, within the period above required, and third clay of each and every month to a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall come the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3-7643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 16th 92
4.	*Place of Birth, (Street and Number)*	421 S. Fremont
5.	*Full Name of Mother,*	Elizabeth Lemmon
6.	*Mother's Maiden Name,*	Alvis
7.	*Mother's Birthplace,*	Hanover, Germany
8.	*Full Name of Father,*	Wm. Lemmon
9.	*Father's Occupation,*	Tinner & Plumber
10.	*Father's Birthplace,*	Prussia Germany
	Name of Medical Attendant, or other person who makes this Return,	M. J. Lemon
	Address,	339 S. Hanover
	Remarks,	Twin child (Twin)

1 8 9 2 0 0 0 0 7 0 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 37644

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 16 th 1895
4.	*Place of Birth, (Street and Number)*	#2229 Christian st.
5.	*Full Name of Mother,*	Lizzie Dell
6.	*Mother's Maiden Name,*	W. Downey
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Henry Dell
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return.	Annie Leidner
	Address,	#106 S. Wilson st.
	Remarks,	

8920000703

WM J C DULANY CO CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 2-16-92
4. *Place of Birth*, (*Street and Number*) 115 N Lombard st
5. *Full Name of Mother*, Annie Love
6. *Mother's Maiden Name*, " " "
7. *Mother's Birthplace*, U. S.
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address,

Remarks,

Health. — This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered. Other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8920000704

RETURN OF A BIRTH. A 3646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White.
3. Date of Birth.	Feb. 16, 1892.
4. Place of Birth, (Street and Number)	#207 Lyon St.
5. Full Name of Mother,	Mary Babczewski.
6. Mother's Maiden Name,	Mary Stolz.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Stolz.
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Brunk.
Address,	#1600 N. Chester St.
Remarks,	

8 9 2 0 0 0 0 7 0 5

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the person entitled to receive the certificate of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife who should be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feby 17th 92,
4. *Place of Birth, (Street and Number)*	232, E. Cross, St.
5. *Full Name of Mother,*	Mary Elizabeth Beir,
6. *Mother's Maiden Name,*	" " Bromwell,
7. *Mother's Birthplace,*	Dorchester Co. Md.
8. *Full Name of Father,*	Charles C. Beir,
9. *Father's Occupation,*	Coppersmith,
10. *Father's Birthplace,*	Balto City.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	5-24 Sharp St,
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH. 37648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February the 17
4.	*Place of Birth, (Street and Number)*	222 Vincent Place City
5.	*Full Name of Mother,*	Ellen Dee
6.	*Mother's Maiden Name,*	Ellen Enright
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	John Dee
9.	*Father's Occupation,*	Iron Straightner
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	#106 S. Conver St.
	Remarks,	

8920000707

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 17 1892
4. Place of Birth, (Street and Number) 834 George St.
5. Full Name of Mother, Lillah M. Emma Bohm
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Bohm
9. Father's Occupation, Gas Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry Stein

Address, 1427 E Pratt St.

Remarks,

8 9 2 0 0 0 0 7 0 8

...under his or her care during the ...the full name of each child, if any shall have ...parents, the date and place of birth; and the ...in the form of a certificate between the first and ...of Health. In case the birth of any child ...midwifery, or should no other person be in ...the duty of the person or parents of such ...the provisions of this section shall be sub- ...as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 &c

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 February 1892.
4. *Place of Birth, (Street and Number)* Capel St
5. *Full Name of Mother,* Annie Gniesmer
6. *Mother's Maiden Name,* Annie Gnambel
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Gniesmer
9. *Father's Occupation,* Lackbauman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 113 Eastern av

Remarks,

8 9 2 0 0 0 0 7 0 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner upon the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 18, 1892
4.	*Place of Birth, (Street and Number)*	130 Fort Ave.
5.	*Full Name of Mother,*	Minney Johnson
6.	*Mother's Maiden Name,*	Minnie Salters
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Charles Johnson
9.	*Father's Occupation,*	Dealer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
	Address,	213 E. Heath St.
	Remarks,	Living Well

8920000710

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child 1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 18, 1892
4.	*Place of Birth, (Street and Number)*	1043 William St.
5.	*Full Name of Mother,*	Katie Karcher
6.	*Mother's Maiden Name,*	Katie Murray
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Emil J. Karcher
9.	*Father's Occupation,*	Collector
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Laskey
	Address,	213 E. Heath St
	Remarks,	Doing Well.

8920000711

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A. 3763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Feby 18
4.	*Place of Birth, (Street and Number)*	905 Sharp St
5.	*Full Name of Mother,*	Maggie Maupin
6.	*Mother's Maiden Name,*	" Byers
7.	*Mother's Birthplace,*	Boston
8.	*Full Name of Father,*	Wm Maupin
9.	*Father's Occupation,*	Sail Maker
10.	*Father's Birthplace,*	Boston
	Name of Medical Attendant, or other person who makes this Return,	D C Burch M D
	Address,	511 Hanover St
	Remarks,	

MAR 22 1892

8920000712

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 14th 1892

4. Place of Birth, (Street and Number) 634 Lamburn St

5. Full Name of Mother, Frances L. Brisco

6. Mother's Maiden Name, Frances L. Ceasar

7. Mother's Birthplace, Frederick City Md

8. Full Name of Father, Lewis J. Brisco

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Forsith

Address, 214 Upton St

Remarks, Both well

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...th Murphy & Co., City Printers and Stationers.

...ths which have occurred under his or her care during the month ... shall set forth as far as the same can be ascertained the full name of each child (if any shall die before it shall be delivered), the name and color, the full name and occupation of its parents, the date and place of birth, and the attendance or practice of the person or midwifery or parents of such person certificate between shall occur without delay thereafter and in the manner and within the period above required, and any such person birth of any child upon the mother, ... Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars be in attendance upon the Commissioner of Health, in the provisions of this section, shall report its birth to the Commissioner fail to comply with the provisions are recoverable or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Lee Goldsmith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth.*	Feb 19th 1892,
4. *Place of Birth, (Street and Number)*	1620 Orleans st,
5. *Full Name of Mother.*	Nettie Goldsmith,
6. *Mother's Maiden Name,*	Nettie Winters,
7. *Mother's Birthplace,*	New York,
8. *Full Name of Father.*	Charles Goldsmith,
9. *Father's Occupation.*	Butcher,
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Fiedler MD.
Address,	3-4-54 720 N Broadway.
Remarks,	L.M.

8920000714

RETURN OF A BIRTH. 37656.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Earl Roscoe Burrier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 19th 1892
4. Place of Birth, (Street and Number) 521 Roland Ave. Hampden
5. Full Name of Mother, Emma L. Burrier
6. Mother's Maiden Name, Emma L. Riegle
7. Mother's Birthplace, Adams Co. Pa.
8. Full Name of Father, Elmer A. Burrier
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 123 - 3d Ave. Woodberry, Balt.

GIVEN DUPLICATED 6-26-52

Remarks,

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WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 37657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19. Februar 1892.
4. Place of Birth, (Street and Number) 1527 Cole St.
5. Full Name of Mother, Franzisha Dahlem
6. Mother's Maiden Name, Franzisha Pflügl
7. Mother's Birthplace, Hangenzell Kreis Unter-Bayern
8. Full Name of Father, Johann Dahlem
9. Father's Occupation, Labor.
10. Father's Birthplace, Grossostheim Unter-Franken.

Name of Medical Attendant, or other person who makes this Return,

Address, Mr. John Dahlem 1527 Cole St. City

Remarks, Catherine Siebach 735 W Pratt St

8920000716

MAR 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feby 19
4.	*Place of Birth, (Street and Number)*	1229 Patapsco St
5.	*Full Name of Mother,*	Louisa Miller
6.	*Mother's Maiden Name,*	" Thompson
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Chas. Miller
9.	*Father's Occupation,*	Lithographer
10.	*Father's Birthplace,*	Philadelphia
	Name of Medical Attendant, or other person who makes this Return,	J C Bundy MD
	Address,	571 Hanover St
	Remarks,	

1892 0 0 0 0 7 1 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 20th 1891
4.	*Place of Birth, (Street and Number)*	17 W. Mt. Vernon
5.	*Full Name of Mother,*	Lelia E. Knight
6.	*Mother's Maiden Name,*	" " Taylor
7.	*Mother's Birthplace,*	Trinidad
8.	*Full Name of Father,*	Adam Knight
9.	*Father's Occupation,*	Plasterer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. J. Lennon
	Address,	339 S. Wooster st
	Remarks,	Strong child

8920000718

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Section 3 shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 37660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2/20-92
4. Place of Birth, (Street and Number) 1009 Forest Place
5. Full Name of Mother, Kate Meeter.
6. Mother's Maiden Name, Kate Regan.
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Meeter.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Perry M.D.

Address, 700 E. Chase St.

Remarks,

8920000719

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

MAR 3 1892

RETURN OF A BIRTH. 37661.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 20 92
4. *Place of Birth, (Street and Number)*	117 McElderry St.
5. *Full Name of Mother,*	G. Bailey
6. *Mother's Maiden Name,*	G. Editz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Same
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. W. Robinson M.D.
Address,	736 E. Pratt St.
Remarks,	

1892 00007 20

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, to the office of registration within the third day of each and every month to the office of registration within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time provided by this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE MAR 4 1893 REGISTRAR'S OFFICE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 667.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 20th 192
4.	*Place of Birth, (Street and Number)*	#1123 Saratoga st.
5.	*Full Name of Mother,*	Jennie Silis.
6.	*Mother's Maiden Name,*	Whitbrod.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Edward Silis.
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Pennsylvania
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	#106 S. Monroe st.
	Remarks,	

8920000721

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars: The date and place of birth; and the full name and occupation of parents. In case the birth of any child been conferred) its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th Febr. 1892
4. Place of Birth, (Street and Number) S. Register Str. 319
5. Full Name of Mother, Emilie Crisp
6. Mother's Maiden Name, " Rosenberger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benjamin Crisp
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofers

Address, 806 Eastern Ave.

Remarks,

6 9 2 0 0 0 0 7 2 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 20th 92.
4.	*Place of Birth, (Street and Number)*	#36 S. Carlton St.
5.	*Full Name of Mother,*	Dora Bauer
6.	*Mother's Maiden Name,*	" " Katheder.
7.	*Mother's Birthplace,*	Langsamstadt.
8.	*Full Name of Father,*	John Bauer
9.	*Father's Occupation,*	Cabinet maker
10.	*Father's Birthplace,*	Meisig on Rhein
	Name of Medical Attendant, or other person who makes this Return,	Antoine Lindner
	Address,	#106 E. Monument St
	Remarks,	

8920000723

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 4 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37665.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20th 1892
4. Place of Birth, (Street and Number) 547 S. Broadway St
5. Full Name of Mother, Mary Doensch
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 128 W. Lee St

Remarks,

8920000724

month, and shall set forth as far as the same can be ascertained, the [illegible] of the births which have occurred under his or her care during the been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 21 1892
4. Place of Birth, (Street and Number) 419 S. Caroline St.
5. Full Name of Mother, Kate Wolf
6. Mother's Maiden Name, Lanz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Wolf
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fayette St.

Remarks,

8 9 2 0 0 0 0 7 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-37667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Allen Kay Burke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Feb. 21st 1894.
4. *Place of Birth, (Street and Number)*	1217 Winchester St.
5. *Full Name of Mother,*	Ruth Minerva Burke.
6. *Mother's Maiden Name,*	Ruth Minerva Kay.
7. *Mother's Birthplace,*	Philadelphia.
8. *Full Name of Father,*	Robert Kelton Burke.
9. *Father's Occupation,*	Plumber & Gas Fitter.
10. *Father's Birthplace,*	Philadelphia.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ket.
Address,	2206 Etting St.
Remarks,	GIVEN NAME ADDED 12-19-57

6 9 2 0 0 0 0 7 2 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 Febr.
4. Place of Birth, (Street and Number) 1812 Chews st.
5. Full Name of Mother, Barbara Lotz
6. Mother's Maiden Name, = Butzler
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles Lotz
9. Father's Occupation, carpenter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Av.

Remarks,

1892000727

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in person or by mail, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3769

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st Feb 1892

4. Place of Birth, (Street and Number) 710 E Fort Ave

5. Full Name of Mother. Elizabeth Ireland

6. Mother's Maiden Name, Sherman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Ireland

9. Father's Occupation, Laborer

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yarnell

Address, 436 E Fort Ave

Remarks,

1892 FEB 23

1892 00000728

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Guy Murphy & Co., City Printers and Stationers.

37670.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22d Febr
4. Place of Birth, (Street and Number) 1 Madeira Alley 321
5. Full Name of Mother, Elisabeth Schamel
6. Mother's Maiden Name, Moll
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Schamel
9. Father's Occupation, Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, ~~253~~ 1806 Eastern Ave.

Remarks,

8 9 2 0 0 0 0 7 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth; and the place of residence of the parents at the time of the birth of the child, if any shall have been conferred) its sex, color, the full name and occupation of its parents

GIVEN NAME ADDED 8-19-52

RETURN OF A BIRTH. A. 37671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Agnes Loretta ~~Smith~~ 4 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 22nd 92
4.	*Place of Birth, (Street and Number)*	#1606 Lemmon St.
5.	*Full Name of Mother,*	Mary Smith.
6.	*Mother's Maiden Name,*	Connelly.
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	James Smith
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	#106 S. Monroe St.
	Remarks,	

1892U000730

MAY 4 1892 CITY BOARD OF HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, at the time of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22 Feb
4. *Place of Birth, (Street and Number)* 309 Center St
5. *Full Name of Mother,* Dora Forgey
6. *Mother's Maiden Name,* Dora Emig
7. *Mother's Birthplace,* Hatboro Pa
8. *Full Name of Father,* John B. Forgey
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Charleston S. C.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Gist midwife

Address, N. 506 N. Wright St.

Remarks,

8920000731

MAR 3 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 February
4. Place of Birth, (Street and Number) 922 East Ave.
5. Full Name of Mother, Lennie King
6. Mother's Maiden Name, Moffitt
7. Mother's Birthplace, Balt.
8. Full Name of Father, John King
9. Father's Occupation, Driver
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. East Ave.

Remarks,

8920000732

MAR 3 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9. 22. 99
4. Place of Birth, (Street and Number) 115 - N Conkard
5. Full Name of Mother, Mary C'Connor
6. Mother's Maiden Name, "Doland" "
7. Mother's Birthplace, Ireland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address,

Remarks,

8920000733

been conferred) its sex, color, the full name and occupation of its [illegible], the date and place of birth; and the said schedule shall be delivered, duly signed by the Physician or Midwife in attendance, or by the person or parents of such child to report its birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 37675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 22nd 1892.
4. Place of Birth, (Street and Number)	#2024 Federal St.
5. Full Name of Mother,	Mary Rochestraw.
6. Mother's Maiden Name,	Mary Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Rochestraw.
9. Father's Occupation,	Beer Driver
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas Bruno
Address,	#1600 N. Wolfe St
Remarks,	

8920000734

MAR 26 1892

...ceen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the person entitled to the custody of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 23. 92
4. Place of Birth, (Street and Number) 1106 S. Paca St.
5. Full Name of Mother, Sophy Braun
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul R. Braun
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gouhel M.D.

Address, 128 W. Lee St

Remarks,

1892 0000735

month, and shall set forth as far as the same can be ascertained the, full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person who shall have been in attendance upon the mother, immediately thereafter, to the Commissioner of Health, on the forms of certificate between the first and third day of each month. In case the birth of any child shall occur without the attendance of a physician or of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday Feb 23d 9 Pr - 7.30 P.M.
4. Place of Birth, (Street and Number) 437 Pinckney Place
5. Full Name of Mother, Annie M. S'Laine
6. Mother's Maiden Name, Annie M. Myers
7. Mother's Birthplace, Fairview Penna
8. Full Name of Father, John F. S'Laine
9. Father's Occupation, Railroad Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Edmonds. Md

Address, 116. W. Mulberry St.

Remarks,

8920000736

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. The Returning Slips contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife, or by the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th Febr. 1892
4. Place of Birth, (Street and Number) Orleans St. 1622
5. Full Name of Mother, Therese Hoffman
6. Mother's Maiden Name, Margel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Hoffman
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 1116 Eastern Ave.

Remarks, 8920000737

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-37679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th Feby. 1892
4. Place of Birth, (Street and Number) S. Amer. St. 401
5. Full Name of Mother, Isabella Riegel
6. Mother's Maiden Name, " Kelly
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Riegel
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 706 Eastern Ave.

Remarks,

8920000738

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

(A 37680.)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb. 20. 92

4. *Place of Birth, (Street and Number)* 1216 Lancaster St.

5. *Full Name of Mother,* Mrs. Mary Bridget Bishop

6. *Mother's Maiden Name,* Mc Guire

7. *Mother's Birthplace,* Phila. Pa.

8. *Full Name of Father,* Thomas Patrick Richard Bishop

9. *Father's Occupation,* Truck Dealer

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Dr. Geo. Frank Cheston

Address, 1200 E. Baltimore St.

Remarks, Forceps delivery

1892000739

...ET & CO., CITY PRINTERS AND STATIONERS.

...shall be the month, and shall set forth, as far as the same can be ascertained, the full name of each child of ... any nurse shall have been employed, its sex, color, ... occupation of its parents, the day and ... place of its birth, and the still whether shall be ... certificate, between the first and third day of ... birth of any child shall occur without the attendance of a ... should no other person be in attendance upon the mother. ... duty of the parent or parents of such child to report ... within the period above required, except in the case of the ... any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...OF BALTIMORE

RETURN OF A BIRTH

A 37681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Feb 24 92
4. Place of Birth, (Street and Number) 1526 Montrose Ave
5. Full Name of Mother, Angelina R. Thomas
6. Mother's Maiden Name, " " German
7. Mother's Birthplace, Balto Co Md.
8. Full Name of Father, Charles Thomas
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return. S A Kune M D

Address, 1520 Druid Hill Ave

Remarks,

1 8 9 2 0 0 0 0 7 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in charge, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter who shall become subject to the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 25, 1892
4. *Place of Birth, (Street and Number)*	1720 Johnson St.
5. *Full Name of Mother,*	Winifred Kirkham
6. *Mother's Maiden Name,*	Winifred Stooper
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John C. Stooper
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Doing Well.

8920000741

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 37683.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Births. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

CITY OF BALTIMORE MAR 4 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb. 25th 1892
4. Place of Birth, (Street and Number) 806 N. Mount St
5. Full Name of Mother, Addie Florence Dean
6. Mother's Maiden Name, Addie Florence Seibell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Isaac A. Dean
9. Father's Occupation, Foreman of Railroad Repair Shop
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor Bonnet

Address, 871 Harlem Ave

Remarks,

8920000742

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 26, 1892
4.	*Place of Birth, (Street and Number)*	221 Cross St
5.	*Full Name of Mother,*	Alice Ott
6.	*Mother's Maiden Name,*	Alice Woolford
7.	*Mother's Birthplace,*	Dorchester County
8.	*Full Name of Father,*	Philip Ott.
9.	*Father's Occupation,*	Fornman
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Laskey
	Address,	213 E. Heath St.
	Remarks,	Going Well

8920000743

month, and shall set forth as far as the same can be ascertained, the full name and place of birth, and the full name and occupation of its parents, the date and place of birth, and the number of children of such parents, and the number of such children now living, and the number of children, if any, born dead. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 Febr.
4. Place of Birth, (Street and Number) 1513 Hoffman st.
5. Full Name of Mother, Mary Braders
6. Mother's Maiden Name, Gauger
7. Mother's Birthplace, Reisterstown
8. Full Name of Father, Franch Braders
9. Father's Occupation, printer
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Cent. Av.

Remarks,

8 9 2 0 0 0 0 7 4 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	girl
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	25 February 1846
4.	*Place of Birth, (Street and Number)*	Gai St.
5.	*Full Name of Mother,*	Magie Riley
6.	*Mother's Maiden Name,*	Carroll
7.	*Mother's Birthplace,*	Balt.
8.	*Full Name of Father,*	John Riley
9.	*Father's Occupation,*	printer
10.	*Father's Birthplace,*	Balt.
	Name of Medical Attendant, or other person who makes this Return.	Anna Walker
	Address,	928 N. Carl Str.
	Remarks,	

1892000745

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

the [illegible] have delivered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Sixth
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	~~March~~ Feb 25th 1892
4.	*Place of Birth, (Street and Number)*	1123 Holling
5.	*Full Name of Mother,*	Joanna J. Woulfe
6.	*Mother's Maiden Name,*	Joanna Roche
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	James J. Woulfe ~~Ireland~~
9.	*Father's Occupation,*	Saloonkeeper
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Calhoun & Seybold 735 W Balt
	Remarks,	St Balt Md

8920000746

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health in the form of a certificate between the first and attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 37688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Feb 25 1892
4. Place of Birth, (Street and Number) 115 N. Wolf St.
5. Full Name of Mother, Dora Garland
6. Mother's Maiden Name, Koegler
7. Mother's Birthplace, Detroid Mich.
8. Full Name of Father, William Garland
9. Father's Occupation, Tomiscan - Dealer
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Oral St.

Remarks,

1892 0000747

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 37689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 26th 1892
4. *Place of Birth, (Street and Number)*	1721 Bird St
5. *Full Name of Mother,*	Esther Draper
6. *Mother's Maiden Name,*	" Carter
7. *Mother's Birthplace,*	East City
8. *Full Name of Father,*	Geo Thomas Draper
9. *Father's Occupation,*	Foreman, Painter
10. *Father's Birthplace,*	East City
Name of Medical Attendant, or other person who makes this Return.	Jno C North
Address,	1059 Eastern
Remarks,	

8920000748

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		Fourth.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 26 1892
4.	*Place of Birth, (Street and Number)*	615 E. Chase St.
5.	*Full Name of Mother,*	Annie Canby
6.	*Mother's Maiden Name,*	Annie Affolyrous
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Winfield S. Canby
9.	*Father's Occupation,*	Police Sergeant.
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	W. B. Emerson M.D.
	Address,	700 E. Chase St.
	Remarks,	

8920000749

CITY REGISTRAR MAR 3 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Sec. 1. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the sex, color, the date and place of birth, and the name conferred its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner on the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the midwife, or other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 37691.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26th 92
4. Place of Birth, (Street and Number) 322 S. Broadway
5. Full Name of Mother, Annie Offelman
6. Mother's Maiden Name, " Hauck
7. Mother's Birthplace, N. Y. City
8. Full Name of Father, Geo. C. Offelman
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return, M. J. Lyman

Address, 339 S. Broadway

Remarks, Live child

8 9 2 0 0 0 0 7 5 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) W
3. Date of Birth, 26. Februar.
4. Place of Birth, (Street and Number) 1235 Hanover st.
5. Full Name of Mother, Johana Bamesahak.
6. Mother's Maiden Name, Preis.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Andreas Bamesahak.
9. Father's Occupation, Sabrer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs F Lehrmann.

Address, 1225 Pare street.

Remarks,

8 9 2 0 0 0 0 7 5 1

Wm J C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ... and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, at the office of the Commissioner of Health, within the third day of each and every month of a physician or practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 1892

RETURN OF A BIRTH.

37693

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, February 26th
4. Place of Birth, (Street and Number) 200 W. Saratoga St.
5. Full Name of Mother, Annie L. Scheve
6. Mother's Maiden Name, " " Heim
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Frank B. Scheve
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Maunder

Address, 700 Leadenhall St.

Remarks,

8920000752

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37694.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 26. 1892.
4. *Place of Birth, (Street and Number)* 618 E. Pratt St
5. *Full Name of Mother,* Pauline Goldberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace.* Europe
8. *Full Name of Father,* Samuel Goldberg
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return; Mrs Cacilie Bernstein

Address, 122 S. Exeter St

Remarks,

8 9 2 0 0 0 0 7 5 3

FEB 29 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Feb. 1892
4. Place of Birth, (Street and Number) 1 Bond St. 113
5. Full Name of Mother, Karoline Hergner
6. Mother's Maiden Name, " Wiedman
7. Mother's Birthplace, Germany
8. Full Name of Father, Lorenz Hergner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 806 Eastern Ave.

Remarks,

1892 CITY OF BALTIMORE

1892 MAR 3

8920000754

Wm J C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth, and the
form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner in midwifery, or should no other person be in
it shall be the duty of the person or parents of such
18[illegible] and within the period above required, and
fail to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the proper
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in
attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	26th of Febuay 1892
4.	*Place of Birth, (Street and Number)*	1105 Ridgely St
5.	*Full Name of Mother,*	Mary M Cook
6.	*Mother's Maiden Name,*	Mary J M Magaha
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	William H Cook
9.	*Father's Occupation,*	Carter
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Bangle
	Address,	711 Cross Street
	Remarks,	

FEB 29 1892

8920000755

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 26. 92
4. Place of Birth, (Street and Number) No 1604 Mc Donough st
5. Full Name of Mother, Maggie Cross
6. Mother's Maiden Name, Maggie Geyer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Caleb Cross
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, 1242 N. Broadway

Remarks,

1892 FEB 23

18920000756

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 26th 1892
4. Place of Birth, (Street and Number) 881 N. Howard St.
5. Full Name of Mother, Margaret Harting
6. Mother's Maiden Name, " " Fleischmann
7. Mother's Birthplace, Germany
8. Full Name of Father, John M. Harting
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gosnell M.D.

Address, 128 W. Lee St.

Remarks,

MAR 3 1892

B 9 2 0 0 0 0 7 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A.37 699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th Feb 1892
4. *Place of Birth, (Street and Number)*	1510 Boyle St
5. *Full Name of Mother,*	Elizabeth Stueler
6. *Mother's Maiden Name,*	Grill
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Johan Stueler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yewell
Address,	1436 Eutaw Ave
Remarks,	

MAR 2 1892

1892000758

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the nearest and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th Feb 1892

4. Place of Birth, (Street and Number) 1438 Riverside Ave

5. Full Name of Mother, Annie Gladfelter

6. Mother's Maiden Name, Kime

7. Mother's Birthplace, Wrightsville Pa

8. Full Name of Father, Charles Gladfelter

9. Father's Occupation, Conductor B & O R R

10. Father's Birthplace, Hanover Junction Pa

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

8920000759

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 27 1892
4. *Place of Birth, (Street and Number)*	819 Columbia ave
5. *Full Name of Mother,*	Florence Peddicord
6. *Mother's Maiden Name,*	" Keck
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walter Peddicord
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham MD
Address,	
Remarks,	

8 9 2 0 0 0 0 7 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Births, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should neither of the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Black
3.	*Date of Birth,*	Feb. 27, 1892
4.	*Place of Birth, (Street and Number)*	2828 Hudson St.
5.	*Full Name of Mother,*	Annie Jones
6.	*Mother's Maiden Name,*	Annie Tilton
7.	*Mother's Birthplace,*	Hartford Co Md.
8.	*Full Name of Father,*	Aaron Jones
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Pennsylvania
	Name of Medical Attendant, or other person who makes this Return,	Mary L. Laurence
	Address,	726 Eugene St.
	Remarks,	

64200000761

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the marriage between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, on or before the third day of each and every month to the officer or practitioner in charge of such office. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within ten days thereafter, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

MAY 1892

OF BALTIMORE

RETURN OF A BIRTH

37703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRY 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Gilder
1. Sex, (state whether male or female)	Knabe
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	27 Febr 1892
4. Place of Birth, (Street and Number)	Ann Str No 780
5. Full Name of Mother,	Margaretha Manning
6. Mother's Maiden Name,	" Schneider
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michael Manning
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Maria Anna Mayer
Remarks,	Biddle Str No 1933

8920000762

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 7-12-57

No. of Child, (of Mother, state whether 1st, 2d, 3d, &c.) George Wilhelm Sarbacher 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 17 1922.
4. *Place of Birth, (Street and Number)* 122 N. Broadway
5. *Full Name of Mother,* Elsie ~~Sarbacher~~ Sarbacher
6. *Mother's Maiden Name,* Hill.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frederick ~~Sarbacher~~ Sarbacher
9. *Father's Occupation,* Paper Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 605 Walker St.

Remarks,

1 89 2 0 0 0 0 7 6 3

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained such births as have occurred under his or her care during the said month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, February 11 27
4. Place of Birth, (Street and Number) Stuey Ave No 21
5. Full Name of Mother, Lizzy Cooks
6. Mother's Maiden Name, Scott
7. Mother's Birthplace, Scott Cumberland County Va
8. Full Name of Father, Solo Wilson
9. Father's Occupation, Labour
10. Father's Birthplace, Caroline County Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, No 115 west Hyerngton

Remarks, Full 9 Months

8920000764

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feby 27 1892
4. Place of Birth (Street and Number), 92 y Cathedral
5. Full Name of Mother, Irene A Daily
6. Mother's Maiden Name, " Hellman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, owen Daily
9. Father's Occupation, Brokr
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. C B Gamble

Address, 92 E Cathedral

Remarks,

8920000765

and shall set forth as far as the same can be ascertained the full [illegible] of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

11 377 07.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second -
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	Colored
3. *Date of Birth,*	February 27" 1812
4. *Place of Birth,* (Street and Number)	921 Elm Place
5. *Full Name of Mother.*	Ellen Reed
6. *Mother's Maiden Name.*	" "
7. *Mother's Birthplace.*	Baltimore Maryland
8. *Full Name of Father.*	Unknown
9. *Father's Occupation,*	Unknown
10. *Father's Birthplace.*	Unknown
Name of Medical Attendant, or other Person who makes this Return	Amelia M. Fowler M.D. Senior Student Woman's Med College 716 East Monument Street Baltimore -
Address,	
Remarks.	Arch J. Jay M.D. 2611 N. Franklin.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MAY 8 1907

8920000766

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 28 92
4. *Place of Birth, (Street and Number)*	429 Forrest St.
5. *Full Name of Mother,*	Sarah Günhaus
6. *Mother's Maiden Name,*	Sarah Goldberg
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Israel Günhaus
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Pleasant St.
Remarks,	18920000767

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, to report and within the period above required, and shall occur without the attendance of a physician or Midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

CITY OF BALTIMORE 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th Febr 1892
4. Place of Birth, (Street and Number) S. Durham Str. 112
5. Full Name of Mother, Barbara Andrews
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Balto
8. Full Name of Father, William Andrews
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Deisenhofer

Remarks, 3 9 2 0 0 0 0 7 6 8 Eastern Ave.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person attending the birth, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 37710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 28th/92
4.	*Place of Birth, (Street and Number)*	# 1512 Saratoga St.
5.	*Full Name of Mother,*	Alice O'Brien.
6.	*Mother's Maiden Name,*	" " Grist.
7.	*Mother's Birthplace,*	Westmorland Co.
8.	*Full Name of Father,*	John O'Brien.
9.	*Father's Occupation,*	Boilermaker
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	# 106 S. Hanover St.
	Remarks,	8920000769

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* February 28th 1892.
4. *Place of Birth, (Street and Number)* 2136 Orleans St.
5. *Full Name of Mother,* Minnie Meyer.
6. *Mother's Maiden Name,* Minnie Keller.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Wm Meyer.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. L. Stone Davis.

Address, 2102 Orleans St.

Remarks, Forceps delivery.

1892000770

MAR 3 1892

CITY HALL

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said city, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

aww

RETURN OF A BIRTH. 37712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Homer Eberle Meyers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 28th 1892
4. Place of Birth, (Street and Number) 327 Stricker Street
5. Full Name of Mother, Rachel Amelia Myers
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jacob William Myers
9. Father's Occupation, Machinist
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, C. Mann Dorsey MD

Address, 1100 Linden Avenue City

Remarks, 8920000771

The attendant shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place between the first and birth of each child; and the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, midwifery, or should no other person be in attendance of a physician or practitioner, it shall become and within the period above required, and shall occur upon the mother, immediately thereafter the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3771 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 28th,
4. Place of Birth, (Street and Number) No. 341 Scott St,
5. Full Name of Mother, Wilhamena Huster,
6. Mother's Maiden Name, Weber,
7. Mother's Birthplace, Balto City,
8. Full Name of Father, Joseph E. Huster,
9. Father's Occupation, Letter-carrier,
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Elderdice M.D.

Address, No. 924 Columbia Ave,

Remarks,

1 8 9 2 0 0 0 0 7 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person of parents of such attendance upon the mother, immediately thereafter to give notice to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	Mulatto
3.	*Date of Birth,*	Feb. 28, 1892
4.	*Place of Birth, (Street and Number)*	504 Chapel St.
5.	*Full Name of Mother,*	Margaret Reynolds
6.	*Mother's Maiden Name,*	Margaret Condon
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Charles Reynolds
9.	*Father's Occupation,*	Letter-Carrier
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mary L. Thompson
	Address,	726 Luzerne St.
	Remarks,	8920000773

MAR 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28, 1892.
4. Place of Birth, (Street and Number) 2822 Dillon St
5. Full Name of Mother, Mary Cruze.
6. Mother's Maiden Name, Mary Cole
7. Mother's Birthplace, Balto
8. Full Name of Father, John Cruze
9. Father's Occupation, Car Driver.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000774

MAR 1 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULANY CO CITY PRINTERS AND STATIONERS

SAFETY FILM

RETURN OF A BIRTH.

A 37716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 22nd 1897
4. Place of Birth, (Street and Number)	1232 Hotchkiss St.
5. Full Name of Mother,	Theresa E Dorsey
6. Mother's Maiden Name,	Theresa Magahaf
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George W. Dorsey
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Eve Cox
Address,	413 S. Poppleton St
Remarks,	8920000775

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28/92
4. Place of Birth, (Street and Number) 609 Mosher St Extended
5. Full Name of Mother, Sarah Hahn
6. Mother's Maiden Name, " Scott
7. Mother's Birthplace, Westminster Md
8. Full Name of Father, John Hahn
9. Father's Occupation, Butter dealer
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Geo H Burns M.D

Address, 1501 Pennsylvania Ave

Remarks, Baltimore.

8 9 2 0 0 0 0 7 7 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

FEB 29 1892

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 37718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Feb 28th 1892
4. Place of Birth, (Street and Number)	168. W. West st Balto
5. Full Name of Mother,	Alice C. Davis
6. Mother's Maiden Name,	" " Hunter
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry C Davis
9. Father's Occupation,	City Lamplighter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	49. W. West st Balto
Remarks,	1892000777

MAR 2 1892

CITY OF BALTIMORE

Section 1. The Registrar shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the date when the certificate was received, and whether the first and said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health, or other person be in shall occur without the attendance of a physician or practitioner in charge of the case, the duty of making such return shall devolve upon the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-16-63

RETURN OF A BIRTH.

A 37719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Norman Randolph Bandel

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28 1892
4. Place of Birth, (Street and Number) Cor Callow & Lemmon Sts
5. Full Name Mother, Mary Bandel
6. Mother's Maiden Name, Talon
7. Mother's Birthplace, Charlotte Co Va
8. Full Name of Father, Wm M Bandel
9. Father's Occupation, Car driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 2100 Dru 5 HA

Remarks,

8920000778

*M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained under his or her care during the ...been conferred) its sex, color, the full name of each child, (if any shall have ...said schedule shall be delivered, duly signed by ... the date and place of birth; and the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 18c

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28th 92
4. Place of Birth, (Street and Number) 1045 S. Paca St.
5. Full Name of Mother, Margaret Flick
6. Mother's Maiden Name, " " Fritsch
7. Mother's Birthplace, Germany
8. Full Name of Father, William Flick
9. Father's Occupation. Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return: Wm Gorsuch M.D.

Address, 128 W. Lee St.

Remarks, 8920000779

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health, in case the bare shall occur without the attendance of a physician or practitioner of midwifery, or should no one of any such attendance upon the mother, immediately thereafter it shall become the duty of the person or child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. a 37773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 28 1892
4. Place of Birth, (Street and Number) 1324 E Lombard St.
5. Full Name of Mother, Mary Bond
6. Mother's Maiden Name, Greeley
7. Mother's Birthplace, Baltimore County Md
8. Full Name of Father, Sam Bond
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St

Remarks, 8920000780

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH.

3774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Mary Etzel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 February 1892
4. Place of Birth, (Street and Number) Cath 1012 Aisquith
5. Full Name of Mother, Cathie Engelmaier Etzel
6. Mother's Maiden Name, Engelmaier
7. Mother's Birthplace, Balto city
8. Full Name of Father, Henri Etzel
9. Father's Occupation, Jaqueur
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, Anna L Walker

Address, 928 N. Central Ave.

Remarks, 1892000078 1

MAR 3 1892

Every Physician or Midwife in attendance upon a birth shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 m
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 m Feb 1892
4. *Place of Birth, (Street and Number)*	1427 Henry St
5. *Full Name of Mother,*	Mary Gamble Thompson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Montgomery Co Md
8. *Full Name of Father,*	John W Gamble
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Montgomery Co Md
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	436 E Fort Ave
Remarks,	8920000782

MAR 2 1892

...ninety, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 27 — 1892 &c.
4. Place of Birth, (Street and Number) 1521 Eastern Ave.
5. Full Name of Mother, Annie Light
6. Mother's Maiden Name, Kastner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Light
9. Father's Occupation, Tiller
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt

Remarks, 8920000783

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3777

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 February
4. Place of Birth, (Street and Number) 1019 Aisquith st
5. Full Name of Mother, Wilhelmine Artman
6. Mother's Maiden Name, Behrel
7. Mother's Birthplace, Wurtemberg
8. Full Name of Father, Theodore Artman
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Ave.

Remarks, 8920000784

MAR 3 1892

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3 7 7 2 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 29 - 1892
4. *Place of Birth, (Street and Number)* 1803 W Lombard St Balto
5. *Full Name of Mother,* Mary Lowndes
6. *Mother's Maiden Name,* Mary Lowndes
7. *Mother's Birthplace,* Brenan
8. *Full Name of Father,* Walter Lowndes
9. *Father's Occupation,* Cabinet
10. *Father's Birthplace,* Brenan

Name of Medical Attendant, or other person who makes this Return. Martin Kearney

Address, 4 42 Aisquith St Baltimore City

Remarks, Mother and Child are doing well

8 9 2 0 0 0 0 7 8 5

...a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by such practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-any such person or persons who shall hereafter fail to [illegible] as other fines and forfeitures are recoverable. ject to the fine of ten (10) dollars for each offense, to be [illegible]

...shall occur without the attendance of a physician or [illegible] become the duty of the person above required, and ...shall occur without the attendance of a physician or midwife, or should no other person or parents of such ...shall occur without the attendance of a physician or midwife, or should no other person be in ...shall occur without the attendance of a physician or midwife, or should no other person be in ...shall occur without the attendance of a physician or midwife, or should no other person be in

RETURN OF A BIRTH.

A 37729.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Feb 29 - 92
4.	*Place of Birth, (Street and Number)*	1205 N Durham
5.	*Full Name of Mother,*	Martha J. Seitz
6.	*Mother's Maiden Name,*	" " Douglass
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	John Seitz
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
	Address,	912 McDonogh
	Remarks,	

8 9 2 0 0 0 0 7 8 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by the [illegible] of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of [illegible] 1892. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife [illegible] or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the majority and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth, Oct 29th 92.
4. Place of Birth, (Street and Number) 1573 Bolton St.
5. Full Name of Mother, Mabel B Thompson.
6. Mother's Maiden Name, Mabel B Berry
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas L Thompson.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Columbia South Carolina.

Name of Medical Attendant, or other person who makes this Return, John J C Boyer. Md.

Address, 662 W Lexington St

Remarks, Normal, F. H. Mother Married Late.

The Physician shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Eugene Harold Pike

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white race)
3. *Date of Birth*, Feb 29th 1912.
4. *Place of Birth*, (Street and Number) 1603 Linden Avenue.
5. *Full Name of Mother*, Flora Benjamin Pike
6. *Mother's Maiden Name*, Richmond Va
7. *Mother's Birthplace*, Henry Pike
8. *Full Name of Father*, Tobacco Merchant.
9. *Father's Occupation*, Richmond, Va.
10. *Father's Birthplace*, John L. C. Hazen, M.D.

Name of Medical Attendant, or other person who makes this Return, 662. W Lexington St.

Address,

Remarks, 8920000783

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37732.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 25. 1892.
4. Place of Birth, (Street and Number) 115 Albemarle Str
5. Full Name of Mother, Esther Fuchs
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Fuchs
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Cecile Bernstein

Address, 122 S. Exeter Str

Remarks, 8920000789

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, if such practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and it shall be the duty of the person who shall undertake the care of any child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered before any justice of the peace, as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 10-21-5-5

RETURN OF A BIRTH.

37733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katie ~~Shubburd~~ Elder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 29th 1892
4. *Place of Birth, (Street and Number)*	527 Bloom St
5. *Full Name of Mother,*	Kate Elder
6. *Mother's Maiden Name,*	Hubbard
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Hilary Elder
9. *Father's Occupation,*	Gripman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	200 S H A
Remarks,	

1 8 9 2 0 0 0 0 7 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or the person making a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

37734.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~February 29th 1892~~
3. Date of Birth, February 29th 1892
4. Place of Birth, (Street and Number) 116 South Green St
5. Full Name of Mother, Maggie Madeline Abel
6. Mother's Maiden Name, Maggie Madeline Lehn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward H. Abel
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Bargo

Address, 711 Druid Street

Remarks, 8920000791

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Onw

RETURN OF A BIRTH.

3 77 35.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Wilhelmina Marie ~~Louise~~ Richter (Lillie E.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Feb 1892
4. Place of Birth, (Street and Number) 822 Eutaw Street.
5. Full Name of Mother, Louisa (Annie) Richter
6. Mother's Maiden Name, " (Annie) (Klein) Bush
7. Mother's Birthplace, Germany.
8. Full Name of Father, Frederick W (~~Herman~~) Richter.
9. Father's Occupation, Watchmaker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs.

Address, 74 Cross Street.

Remarks,

8920000792

Note. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 te
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27 of Febrüar 92
4. Place of Birth, (Street and Number)	no 7 Frederick Road
5. Full Name of Mother,	Ernestina Kerne
6. Mother's Maiden Name,	Ernestina Kinsski
7. Mother's Birthplace,	Pole.
8. Full Name of Father,	Friederich Kern
9. Father's Occupation,	Bütscher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederiche Heuler Midwife
Address,	916 West Pratt St.
Remarks,	1892 0000793

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person in charge of the office of the Commissioner of Health, to the Commissioner of Health, on the [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

9102

GIVEN NAME ADDED. 2-13-57

RETURN OF A BIRTH.

37737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Emiette Winter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 Febuar 1892
4. Place of Birth, (Street and Number) 937 S. Howard
5. Full Name of Mother, Emilie Winter
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Germania
8. Full Name of Father, Bernhard Winter
9. Father's Occupation, Color
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Catherine Wemple

Address, 800 Leadenhall St

Remarks,

8920000794

Months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, of midwife, the ~~mother~~ father should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 27th
4. Place of Birth, (Street and Number) No. 1031 Compton St
5. Full Name of Mother, Mrs Annie Hamburg
6. Mother's Maiden Name, Mrs " " Ablein
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, Henry Hamburg
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Catherine Wenner

Address, 100 Lexington St.

Remarks,

8920000795

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balti

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore
4. *Place of Birth, (Street and Number)*	859 Lemon [illegible]
5. *Full Name of Mother,*	Hannia Dug[illegible]
6. *Mother's Maiden Name,*	Hannia [illegible]
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Cornelius [illegible]
9. *Father's Occupation,*	Agent
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. C. [illegible]
Address,	848 W. [illegible]
Remarks,	8920000796

CITY OF BALTIMORE MAR 5 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Register. Such clerk, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] for fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balti

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Retuse
4.	*Place of Birth, (Street and Number)*	112 West Pra
5.	*Full Name of Mother,*	Annie Staple
6.	*Mother's Maiden Name,*	Annie Ford
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	John Staple
9.	*Father's Occupation,*	Watchman
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return.	Geo. C.
	Address,	548 W. C
	Remarks,	8 9 2 0 0 0 0 7 9 7

CITY REGISTRY MAR 5 1892

...ANY CO CITY PRINTERS AND STATIONERS.

...ness. to be furnished by the Commissioner of ...
...ch of the births which have occurred under his or her care during the ...
...ch the same can be ascertained the full name of each child, if any shall have ...
...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...
...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...
...th and every month to the office of the Commissioner of Health. In case the birth of any child ...
...hout the attendance of a physician or practitioner of midwifery, or should no other person be in ...
...in the mother, immediately thereafter it shall become the duty of the person or parents of such ...
...this birth to the Commissioner of Health, in the manner and within the period above required, and ...
...ers, who shall hereafter fail to comply with the provisions of this section shall be sub- ...
...to the fine of ten (10) dollars for each offense, to be recovered as debts and forfeitures are recoverable.

RETURN OF A BIRTH. 3746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 18th 92
4. Place of Birth, (Street and Number) No 519 S. Paul St
5. Full Name of Mother, Elsie Knight
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Knight
9. Father's Occupation. Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks, 8920000798

1892

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	19th of Febeary 1892
4. *Place of Birth, (Street and Number)*	Baltimore City Allen st 825
5. *Full Name of Mother,*	Melisa Granby
6. *Mother's Maiden Name,*	Melisa Harris
7. *Mother's Birthplace,*	Black Walter Virginia
8. *Full Name of Father,*	Charles Granby
9. *Father's Occupation,*	Steam boat ing
10. *Father's Birthplace,*	Woods ville North Carolina
Name of Medical Attendant, or other person who makes this Return.	Charity Jones
Address,	Canal Alley
Remarks,	8920000799

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 19 92
4. *Place of Birth, (Street and Number)*	1133 Bolton St.
5. *Full Name of Mother,*	Laura Dell
6. *Mother's Maiden Name,*	Dodson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Dell.
9. *Father's Occupation,*	Book-Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J. H. Christian M. D.
Address,	1801 Madison Ave
Remarks,	1892000800

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 3749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Light brown skin
3. *Date of Birth,*	18th of February 1892
4. *Place of Birth, (Street and Number)*	Vincent ab 123
5. *Full Name of Mother,*	Sarah Hall
6. *Mother's Maiden Name,*	Sarah Jones
7. *Mother's Birthplace,*	King Williams Co Va
8. *Full Name of Father,*	Ephrim Hall
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	City of Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lydia Somerville
Address,	618 E Lanvale ave
Remarks,	

1892000801

GEO. J. O. GILARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. 26.
4. Place of Birth, (Street and Number) Balto. Md. Shields 1320
5. Full Name of Mother, M. Washington
6. Mother's Maiden Name, M. Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. Washington
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. Sommerville

Address, 616 Lexington Ave.

Remarks,

1 8 9 2 0 0 0 0 8 0 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Feb. 20th

4. Place of Birth (Street and Number), 719 Pine st.

5. Full Name of Mother, Annie Bissell

6. Mother's Maiden Name, Annie Bagwell

7. Mother's Birthplace, Balt.

8. Full Name of Father, Benjamin Bissell

9. Father's Occupation, Grain amount

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. R. M. Hall

Address, 1019 Druid Hill av.

Remarks, 8 9 2 0 0 0 0 8 0 3

This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) born in consequence of the birth, and the full name and occupation of its parents, the date and place of birth, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 37422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* February 20th 1892
4. *Place of Birth, (Street and Number)* 550 St. Mary St
5. *Full Name of Mother,* Alice E. Briscoe
6. *Mother's Maiden Name,* " " Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Briscoe
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* St. Mary's Co., Md

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address, 211 Maryland Avenue

Remarks, Normal Labor L.S.C.S.

8920000804

under a penalty of ten dollars for each offence. This schedule shall be furnished by the Commissioner of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 37453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1892

1. *Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Dark Mulatto
4. *Date of Birth,* 2nd 1892
5. *Place of Birth, (Street and Number)* 630 W Fayette St
6. *Full Name of Mother,* Hannah Charles
7. *Mother's Maiden Name,* Bryant
8. *Mother's Birthplace,* Baltimore County
9. *Full Name of Father,* Arthur Charles
10. *Father's Occupation,* Waiter
    Father's Birthplace, Anne Arundel Co
    Name of Medical Attendant, or other person who makes this Return. Louis Lewis
    Address, 602 Fairmount Ave
    Remarks, 8920000805

Baby

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case no other person be in attendance upon the mother, immediately thereafter to the office of the Commissioner of Midwifery, or should no or parents of such third day of each and every month to the physician or practitioner the duty of the person above required, and shall occur without the attendance of a physician or practitioner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section, be recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section, be recovered as other fines and forfeitures are collected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are collected.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22 1892
4. Place of Birth, (Street and Number) 120 N. Exeter St
5. Full Name of Mother, Kate Davis
6. Mother's Maiden Name, Kate Lapchis
7. Mother's Birthplace, E Katerinoslav Russia
8. Full Name of Father, Joel Davis
9. Father's Occupation, Hat Maker
10. Father's Birthplace, E Katerinoslav Russia

Name of Medical Attendant, or other person who makes this Return, Zgitlin Klamet

Address, 1176 E. Lombard St.

Remarks, 8920000806

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 24 1892

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	22nd of February 1892.
4.	*Place of Birth, (Street and Number)*	620 North Canal st.
5.	*Full Name of Mother,*	Agatta Schaffer
6.	*Mother's Maiden Name,*	Agatta Nan
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Henry J. Schaffer
9.	*Father's Occupation,*	Batcher
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Leonintia Kunkel
	Address,	213 North Chapel st. per Justina Kunkel
	Remarks,	Henry J.

89 200000807

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A 37426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 24 1892

No.	*Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Firsh
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3	*Date of Birth,*	Feby 22 - 92
4.	*Place of Birth, (Street and Number)*	1177 Dexter St
5.	*Full Name of Mother,*	Elizabeth Schoolden
6.	*Mother's Maiden Name,*	Elizabeth Taylor
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Wm. J. Schoolden
9.	*Father's Occupation,*	Rail Road Employe
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Joseph Blum M.D.
	Address,	1177 Edmondson Ave
	Remarks,	8920000808

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c.~~) .....

1. *Sex*, (~~*state whether*~~ *male* ~~*or female*~~) .....
2. *Race or Color*, (~~*if not of the*~~ *white race*) .....
3. *Date of Birth*, February 25th (92,
4. *Place of Birth*, (*Street and Number*) 231 S Gilmor St, (931)
5. *Full Name of Mother*, Nellie L Kirkland,
6. *Mother's Maiden Name*, Nellie O Harman.
7. *Mother's Birthplace*, Howard Co. Md.
8. *Full Name of Father*, Charles L Kirkland,
9. *Father's Occupation*, Cloth Cutter.
10. *Father's Birthplace*, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return, John L Frazier. M.D.

Address, 662 W Lexington St.

Remarks, 1 8 9 2 0 0 0 0 8 0 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the actual place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case during the third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ABBR. 10-10-56

RETURN OF A BIRTH.

3 478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Elydia Dorthea Klebe 7th
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	1st Feby 1892
4.	*Place of Birth, (Street and Number)*	No 1111½ S. Paca st
5.	*Full Name of Mother,*	Mary Dietz Klebe
6.	*Mother's Maiden Name,*	Baltimore Md.
7.	*Mother's Birthplace,*	Dau: He Klebe
8.	*Full Name of Father,*	Cabinet Maker
9.	*Father's Occupation,*	Baltimore Md
10.	*Father's Birthplace,*	Mrs Bangle
	Name of Medical Attendant, or other person who makes this Return,	711 Cross Street
	Address,	
	Remarks,	8 9 2 0 0 0 0 8 1 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3 p 84.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) of Child of Mother, — 1st
2. Race or Color, (state whether male or female) — female
3. Date of Birth, (if not of the white race) — white
4. Place of Birth, (Street and Number) — 1st Sunday 4th
5. Full Name of Mother, — 1237 Bayard st Balt Md
6. Mother's Maiden Name, — Catherine ~~Seamon~~ Smith
7. Mother's Birthplace, — Catherine Seamon
8. Full Name of Father, — Balt city Md
9. Father's Occupation, — Charles E Smith
10. Father's Birthplace, — Trenton Glass Blower
Name of Medical Attendant, or other person who makes this Return. — Balt city Md
Address, — Dr L Bange
Remarks, — 1 Corner St.

8 9 2 0 0 0 0 8 1 1

This section shall contain a list of the births which have occurred during each month, and shall be set forth as far as the same can be ascertained by the Commissioner of Health, the name and residence of the parent of each child, the sex, color, date and place of birth, and such other information as may be required by the Commissioner of Health. It shall be the duty of each midwife, or other person who shall have been present at the birth of any child, to report the same to the Commissioner of Health within ten days after the birth, and within the first ten days of each month thereafter, in such manner as the Commissioner of Health may require, and shall sign the report. Any midwife who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

Every physician who shall be in attendance upon any case of labor shall report to the Commissioner of Health the sex, color, date and place of birth of the child, the name and residence of the parent, and such other information as may be required by the Commissioner of Health, within ten days after the birth, and within the first ten days of each month thereafter, in such manner as the Commissioner of Health may require, and shall sign the report. Any physician who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

Every undertaker who shall be employed to bury the dead body of any child shall, within ten days after the burial, report to the Commissioner of Health the name, color, sex, age, date of death, and place of burial of such child, and shall sign the report. Any undertaker who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

Every person who shall be in charge of any cemetery or burial ground shall keep a record of the name, color, sex, age, date of death, and place of burial of each person buried therein, and shall report the same to the Commissioner of Health within ten days after the burial, and within the first ten days of each month thereafter, in such manner as the Commissioner of Health may require, and shall sign the report. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 37430.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 Februar 1892
4. *Place of Birth, (Street and Number)* Baltimore 3d 1127 Parkway St.
5. *Full Name of Mother,* Anna Waldmann
6. *Mother's Maiden Name,* Englert
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* John Charles Waldmann
9. *Father's Occupation,*
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Bangel

Address, 711 Carr St.

Remarks, 8 9 2 0 0 0 0 8 1 2

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18920000813

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

37432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 13 - 92
4. Place of Birth, (Street and Number) # 518 Hanover st
5. Full Name of Mother, Alice J. Lutch
6. Mother's Maiden Name, alice J. Mud
7. Mother's Birthplace, Annearundel Co Md
8. Full Name of Father, Stephen. V. Lutch
9. Father's Occupation, Mariner
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Wange

Address, 711 Eutaw St

Remarks, 6 9 2 0 0 0 0 8 1 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named) the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, by the filling out of the form of certificate hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 February 8 O'Clock
4. Place of Birth, (Street and Number) Baltimore 810 mangold st
5. Full Name of Mother, annie Lizzie Hasse
6. Mother's Maiden Name, annie Lizzie Bein
7. Mother's Birthplace, germany
8. Full Name of Father, John Hasse
9. Father's Occupation, Box maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Bangle

Address, 111 Broad St.

Remarks, 8920000815

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 24th 1892
4. *Place of Birth, (Street and Number)* 2416 E Fayette St
5. *Full Name of Mother,* Mary [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 9 2 0 0 0 0 8 1 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Penalty. This schedule shall contain a list of the births & [illegible] month, and shall set forth as far as the same can be ascertained, the full name and occupation of each parent, the date and place of birth, and the number of each child. If any shall have been conferred, the full name and occupation of each parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner in the [illegible] thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

37435.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) Ninth (9th)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th 1892
4. Place of Birth, (Street and Number) No. 1608 Miller Street
5. Full Name of Mother, Mrs. Ellen V. McGrath
6. Mother's Maiden Name, Miss E. V. Manhar
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mr. Thomas V. McGrath
9. Father's Occupation, Type Moulder
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendinen M.D.

Address, 201 North Broadway

Remarks, 8920000817

...Health. This schedule shall contain the ... and shall be signed by the ... of each child (if any shall have been conferred) its sex, color, the full name and ... parents, date and place of birth, and the said schedule shall be delivered, duly signed by the ... the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or ... of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall ... the duty of the person or parents of such child to report its birth to the Commissioner of Health, ... the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...OF BAL...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 Februar 1892.
4. *Place of Birth, (Street and Number)*	Andre Str No 1443.
5. *Full Name of Mother,*	Margaretha Schmiedt
6. *Mother's Maiden Name,*	" Wiesand
7. *Mother's Birthplace,*	Germanye.
8. *Full Name of Father,*	Heinrich Schmiedt
9. *Father's Occupation,*	Leber
10. *Father's Birthplace,*	Germanye.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaffler
Address,	Fortave No 1208.
Remarks,	8920000818

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 16th 1892
4. *Place of Birth, (Street and Number)*	1928 Edmondson Avenue
5. *Full Name of Mother,*	Mary Martha Fefel
6. *Mother's Maiden Name,*	Mary Martha Foley
7. *Mother's Birthplace,*	Washington N Carolina
8. *Full Name of Father,*	Louis S Fefel
9. *Father's Occupation,*	City Official
10. *Father's Birthplace,*	Baltimore City Md
Name of Medical Attendant, or other person who makes this Return.	P. S. Fields. M D
Address,	642 N Fulton Ave
Remarks,	

8920000819

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 19th 1892
4. *Place of Birth, (Street and Number)*	1421 Riverside ave
5. *Full Name of Mother,*	Zora Hunter
6. *Mother's Maiden Name,*	Zora Pardoe
7. *Mother's Birthplace,*	Queen Anne's Co Md
8. *Full Name of Father,*	James J. Hunter
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Kent Co Md
Name of Medical Attendant, or other person who makes this Return.	Amanda J. Norris, M.D.
Address,	871 Harlem Ave
Remarks,	8920000820

...ascertained the full name of each child, (if any shall have ...health. This schedule shall contain a list of all births ... be ascertained as far as the same can be ascertained, and shall set forth as far as the same can be ascertained the full name and place of birth; and the ...month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the ...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child ...shall occur without the attendance of a physician or practitioner, then the certificate shall be signed by the ...attendance upon the mother immediately thereafter shall have been conferred, and in case no other person be in ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37439.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 19 of February 1892
4. *Place of Birth, (Street and Number)*	No 1249 E. Biddle St
5. *Full Name of Mother,*	Mary Anna Janson
6. *Mother's Maiden Name,*	Mary Anna Kirkman
7. *Mother's Birthplace,*	Lancaster Penna
8. *Full Name of Father,*	Charles Wm. Janson
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Philadelphia Pa.
Name of Medical Attendant, or other person who makes this Return.	Mrs Lehr Sayer
Address,	No 1059 Harford Ave
Remarks,	Balto Md

1892

1892 00 6 0 8 2 1

Health. This schedule shall contain a list of the births which have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 19th 1892
4.	*Place of Birth, (Street and Number)*	1156 Calhoun
5.	*Full Name of Mother,*	Anna Hirsch Beckeman
6.	*Mother's Maiden Name,*	"
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Washington b Hirsch
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	M K Warner M.D.
	Address,	900 N Stricker
	Remarks,	8920000822

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 20th February 1892
4. Place of Birth, (Street and Number)	No 712. E. Chase St
5. Full Name of Mother,	Kate Walsh
6. Mother's Maiden Name,	Kate Dalton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John J. Walsh
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Geo. Lane
Address,	No 054 Stafford Ave
Remarks,	Balto Md

1892 0 0 0 8 2 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date of birth, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, or shall be delivered to the Commissioner of Health at his office, not later than the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born February 21th 1892
4.	*Place of Birth, (Street and Number)*	# 13 Cottage Ave
5.	*Full Name of Mother,*	Mrs Lena Wieber
6.	*Mother's Maiden Name,*	Miss " Deinics
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Mr Henry Wieber
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt St
	Remarks,	8920000824

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Feb 22nd 1892
4.	*Place of Birth, (Street and Number)*	# 2201 Christian St.
5.	*Full Name of Mother,*	Mrs Lena Horn
6.	*Mother's Maiden Name,*	Miss " Heil
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Mr Louis Horn
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt St
	Remarks,	8920000825

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elizabeth Watkins

1. *Sex, (state whether male or female)* Female Sole State Maryland
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* 1811 ward 1st
5. *Full Name of Mother,* Elizabeth Watkins
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Watkins
9. *Father's Occupation,* Day Laborer
10. *Father's Birthplace,* St Maries Co Md

Name of Medical Attendant, or other person who makes this Return, Laurence Mills

Address, 1643 Druid Pl

Remarks, 8920000826

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~*State whether male or*~~ *female*)
2. *Race or color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* Feb 2 1852
4. *Place of Birth,* (*Street and Number*) 825 N Bond St.
5. *Full Name of Mother,* Anna Sophia Thum
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Sachsa
9. *Father's Occupation,* Builder.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. A Schantz

Address, 1502 N Bond St.

Remarks, Father 6 8 9 2 0 0 0 0 8 2 7 lived about 1 hour & 10 or 20 min after delivery.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, in the manner, and within the period above required, and shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and attendance upon the mother, immediately thereafter shall to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered before any Justice of the Peace. Fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3yab

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 22 1892
4. *Place of Birth (Street and Number),* 1129 Montello Ave
5. *Full Name of Mother,* Augusta Rack Kaiser
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas Conrad Rack
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 1212 N. Fremont Ave

Remarks,

8 9 2 0 0 0 0 8 2 8

This section shall be printed on each certificate of birth, and shall have been completed and the full name of each child, if any shall have been ascertained the same can be ascertained from the parents, the date and place of birth, and the said schedule and shall set forth as far as the same can be ascertained the full name and occupation of its

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George John Groppe	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22 of February 1892
4. Place of Birth, (Street and Number)	# 1211 Holbrook St.
5. Full Name of Mother,	Mary Groppe.
6. Mother's Maiden Name,	Mary Barnschmidt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frank J. Groppe
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs Christina Lasser
Address,	1211 Carlton Ave Baltimore Md
Remarks,	8920000829 City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge of the case, at the office of the Commissioner of Health, in the manner and form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in the manner and form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form of a certificate between the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22nd - 1892
4. Place of Birth, (Street and Number) No 1705 Hanover St
5. Full Name of Mother, Sarah Martin
6. Mother's Maiden Name, Sarah Gerbricks
7. Mother's Birthplace, Harford Co md
8. Full Name of Father, John Martin
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1428 Hanover St

Remarks,

1892000830

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Tenth (10th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 24th 1892
4. Place of Birth, (Street and Number) No. 522 North Washington St
5. Full Name of Mother, Mrs. Mary Ann Gollery
6. Mother's Maiden Name, Miss M. A. Lindsay
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. John F. Gollery
9. Father's Occupation. Liquor Compounder
10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 207 South Broadway

Remarks, 8920000831

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or informant, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in person or by letter, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...OF BALTIMORE

M. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) color.
3. Date of Birth, [redacted] feby 2 14
4. Place of Birth, (Street and Number) 928 Fremont St.
5. Full Name of Mother, Mary E. Brooks
6. Mother's Maiden Name, Mary Bennett
7. Mother's Birthplace, Easton Md. U.S.
8. Full Name of Father, John Brookes
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lester Alcock

Address, 10 S Sheild alley

Remarks, 8 9 2 0 0 0 0 8 3 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health, the following rules must be strictly observed: The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-28-56

RETURN OF A BIRTH

37451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Bertha Goldsborough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 24th 1892
4. Place of Birth, (Street and Number) # 1410 Penna Ave
5. Full Name of Mother, Mary K. Goldsborough
6. Mother's Maiden Name, " " Russell
7. Mother's Birthplace, St Mary's Co Md
8. Full Name of Father, Charles E. Goldsborough
9. Father's Occupation, Dairyman
10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other person who makes this Return, John H. Fuck

Address, # 617 W. Lafayette Ave

Remarks,

1892000833

Health. This schedule shall contain a list of the births which have occurred in the house or in his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the person in charge of the case, at the office of the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health. If no case of the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwife, or nurse, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 27 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb the 3rd 1892
5. *Place of Birth, (Street and Number)* 1107 Gould Al.
6. *Full Name of Mother,* Annie B Marie Spurrier
7. *Mother's Maiden Name,* — — — City
8. *Mother's Birthplace,* Otto Marie
9. *Father's Occupation,* Grossreman
10. *Father's Birthplace,* Saint Ludo Mo Ledley

Name of Medical Attendant, or other person who makes this Return,

Address, 10 E Lexington St.

Remarks, 18920000834

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37453.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Feb 13 1892
4. *Place of Birth, (Street and Number)* 316 North Arlington Av
5. *Full Name of Mother,* Mary Ledley
6. *Mother's Maiden Name,* Corsh
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William M. Ledley
9. *Father's Occupation,* Police officer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Dr A Ledley

Address, 1004 W Lexington St

Remarks, 8920000835

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ths which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable

RETURN OF A BIRTH

37454.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 5th

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 16, 1892.
4. Place of Birth, (Street and Number) Hulltown
5. Full Name of Mother, Mary Sullivan
6. Mother's Maiden Name, Mary Lenn
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel Sullivan
9. Father's Occupation, Stone mason
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return J. J. Mullins M.D.

Address, 532 Fridmont Ave Cpt

Remarks,

1892 FEB 27

1892 0 0 0 0 8 3 6

Health. This schedule shall contain a list of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation in the form of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or the Commissioner of Health, in case the birth of any child third day of each and every month to the office of the Commissioner of Health, in the case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner or midwife, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-14-59

RETURN OF A BIRTH.

37455.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Elizabeth ~~——~~ Watson

No of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, February 19th 1892
4. Place of Birth, (Street and Number) No. 621 Fredrick Ave
5. Full Name of Mother, Annie Watson
6. Mother's Maiden Name, Annie Bader
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Watson
9. Father's Occupation, Miller
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 18920000837

FEB 27 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. [illegible]lany Co., City Printers and Stationers.

Ohio

37436.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Charles Wallace Ringrose
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 21/92
4. *Place of Birth, (Street and Number)* 1022 N. Washington St
5. *Full Name of Mother,* Lizzie Ringrose
6. *Mother's Maiden Name,* " Hooper
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Ringrose
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, ~~or other person who make this Return.~~ Geo. T. Taylor M.D

Address, 1254 N. Broadway

Remarks, 8 9 2 0 0 0 0 8 3 8

Health. This schedule shall contain a list of the births which shall have occurred in each month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or in the absence of such practitioner, by the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37457.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 of Dec 1892
4. Place of Birth, (Street and Number) 2 E 3 Monument st
5. Full Name of Mother, Lizzie Steeg
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Steeg
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. Louisa Gross

Address, 1907 E. Monument st

Remarks, 18920000839

FEB 27 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every ordinance of a physician or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother. Commissioner of Health, in the case the birth of any child child to report its birth to the Commissioner of Health, in case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~) .....

1. *Sex*, (*state whether male or female*) ~~X~~
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, February 23/22
4. *Place of Birth*, (*Street and Number*) 1334 N. Washington St
5. *Full Name of Mother*, Birdie Myers
6. *Mother's Maiden Name*, " Bell
7. *Mother's Birthplace*, Balto Md
8. *Full Name of Father*, Geo Myers
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Balto Md

Name of Medical Attendant, or other person who makes this Return. Geo F. Taylor M.D.

Address, ...

Remarks, 8920000840

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 Oct, 1892

4. Place of Birth, (Street and Number) 2102 Chew st

5. Full Name of Mother, Julia Watson

6. Mother's Maiden Name, Watson

7. Mother's Birthplace, S. Carolina

8. Full Name of Father, John Watson

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louisa Gross

Address, 1901 E. Monument st.

Remarks, 8920000841

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to conform with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Given Name added 1-19-49

RETURN OF A BIRTH

37460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Morgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25 Feb
4. *Place of Birth, (Street and Number)*	80 Little Walsh St
5. *Full Name of Mother,*	Florence ~~Morgan~~ ~~Howard~~ Evelyn ~~Howard~~ Morgan
6. *Mother's Maiden Name,*	~~Howard~~ Veazy
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Malcolm ~~Howard~~ ~~Morgan~~ Morgan
9. *Father's Occupation,*	Driver @ Coal Co. Coal Cart
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Ms Conley
Address,	1635 Walsh St
Remarks,	8 9 2 0 0 0 0 8 4 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, within the period above required, and child to report its birth to the Commissioner of Health, in the manner prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 26th 92
5. *Place of Birth, (Street and Number)* 124 N. Schroeder St.
6. *Full Name of Mother,* Kate Rourke
7. *Mother's Maiden Name,* Kate Brown
8. *Mother's Birthplace,* Baltimore, Md.
9. *Father's Occupation,* William Rourke
10. *Father's Birthplace,* clerk

Name of Medical Attendant, or other person who makes this Return. Baltimore, Md

Address, Henry C. Thiel. M.D.
1203 W. Fayette St

Remarks, 8920000843

FEB 27 1892

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the child to report its birth to the Commissioner in the form of a certificate between the first and any such person or persons who shall neglect or refuse to make such report, the certificate between the first and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 26/92
4. Place of Birth, (Street and Number) 1108 E. Chase St
5. Full Name of Mother, Elizabeth Gracey
6. Mother's Maiden Name, " Ebel
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Gracey
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Geo. L. Tuttle M.D

Address, 1124 N. Broadway

Remarks, 8920000844

FEB 26 1892

and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 2 Feburg 1912
4. *Place of Birth, (Street and Number)* 913 Greenwillow court
5. *Full Name of Mother,* Cora Thomas
6. *Mother's Maiden Name,* Cora Smathurs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Thomas
9. *Father's Occupation,* with a Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1837 Whitelock st

Remarks, 8920000845

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any be in third day of each and every month to the office or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, in the manner aforesaid, within the first and third day of each and every month to the physician or practitioner of medicine or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

37662.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Feb. 3, 1892
4.	*Place of Birth, (Street and Number)*	800 S. Broadway
5.	*Full Name of Mother,*	Minnie Allen
6.	*Mother's Maiden Name,*	Minnie Jones
7.	*Mother's Birthplace,*	Richmond, Va.
8.	*Full Name of Father,*	Burgess Allen
9.	*Father's Occupation,*	Store-keeper
10.	*Father's Birthplace,*	North Carolina
	Name of Medical Attendant, or other person who makes this Return,	Mary L Swayne
	Address,	726 Eutaw St.
	Remarks,	1892000846

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febru 5, 1892.
4. Place of Birth, (Street and Number) 2823 Lankaster st
5. Full Name of Mother, Belle Eye.
6. Mother's Maiden Name, Belle Cline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louise Eye.
9. Father's Occupation, Labor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8920000847

1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, immediately thereafter the person in attendance upon the mother, shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 5, 1892
4.	*Place of Birth, (Street and Number)*	2231 Essex St.
5.	*Full Name of Mother,*	Mary Kinneyer
6.	*Mother's Maiden Name,*	Mary Bamberger
7.	*Mother's Birthplace,*	Baltz.
8.	*Full Name of Father,*	William Kinneyer
9.	*Father's Occupation,*	Dealer in Cigars & Tobacco
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mary L. Lucas
	Address,	726 Lexington St.
	Remarks,	

8920000848

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the midwife, at the office of the Commissioner of Health in such form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 6, 92
4. Place of Birth, (Street and Number) 111 Harrison Str.
5. Full Name of Mother, Slatky Lewis
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Nathan Lewis
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks, 18920000849

FEB 29 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

A 37168.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 6. 1892.
4. Place of Birth, (Street and Number) 1124 Low St
5. Full Name of Mother, Rachel Rothberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Rothberg
9. Father's Occupation, Baker
10. Father's Birthplace, Europe.

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein
Address, 122 S. Exeter St

Remarks, 1892000850

FEB 29 1892

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered 1892 fines and forfeitures are recoverable

RETURN OF A BIRTH. 37469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6 1892
4. *Place of Birth, (Street and Number)* 418 Foster Ave 4th
5. *Full Name of Mother,* Eva Armend
6. *Mother's Maiden Name,* Eva Bralem
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Armend
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St

Remarks, 1892000851

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37470.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* February 6. 1892.

4. *Place of Birth, (Street and Number)* 128 S. Exeter St

5. *Full Name of Mother,* Emma Mulligan

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Mulligan

9. *Father's Occupation,*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cecile Bernstein

Address, 122 S. Exeter St

Remarks, 8920000852

FEB 29 1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37471.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 7, 1892.
4. *Place of Birth, (Street and Number)* 2226 Essex St.
5. *Full Name of Mother,* Barbra Deckel.
6. *Mother's Maiden Name,* Barbra Krauch.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Deckel.
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks, 1892000853

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of an affidavit, to the office of the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the time aforesaid, because the birth of any child shall occur without the attendance of a physician or midwife, or the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. Sex, (state whether male or female) white female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 8. 1892

4. Place of Birth, (Street and Number) 816 E. Fayette St.

5. Full Name of Mother, Annie Friedl

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Simon Friedl

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks, 18920000854

FEB 23 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-31-57

RETURN OF A BIRTH.

37473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles Rahley 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 8. 1892.
4. Place of Birth, (Street and Number) 915 Stiles St.
5. Full Name of Mother, Rosa Rahley
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Adam Rahley
8. Full Name of Father, Laborer
9. Father's Occupation, Baltimore
10. Father's Birthplace, Cecilie Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter st

Address,

Remarks, 8920000855

FEB 29 1892

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... ...the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Com... ...or practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or pract... ...ter it shall become the duty of the person or parents of such ...attendance, upon the mother, immediately thereafter it, s... ...alth, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in ...ail to comply with the provisions of this section shall be sub... ...any such person or persons who shall hereafter fail to co... ...jected to the fine of ten (10) dollars for each offence, to be r... ...to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 3794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 8, 1892
4. Place of Birth, (Street and Number) 1127 E. Lombard St.
5. Full Name of Mother, Lina Cohn
6. Mother's Maiden Name, — Kaplan
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Cohn
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return Mrs. Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks, 8920000856

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 9. 1892.
4. *Place of Birth, (Street and Number)* 923 Stiles St
5. *Full Name of Mother,* Annie Rochford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tomas Columbus Rochford
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks, 8920000857

FEB 23 1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 1892
4.	*Place of Birth, (Street and Number)*	136 Gay St.
5.	*Full Name of Mother,*	Amelia Rist
6.	*Mother's Maiden Name,*	" Rist
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Joseph Rist.
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Caroline Miller.
	Address,	1005 Walker St.
	Remarks,	

1892 FEB 29

1892

1892 0000858

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 12. 92.
4. Place of Birth, (Street and Number) 1011 E. Lombard Str
5. Full Name of Mother, Flora Gelelson
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Gelelson
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecile Bernstein

Address, 122 S. Exeter Str

Remarks, 8920000859

FEB 29 1892

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

32498

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 13, 1892.

4. Place of Birth, (Street and Number) 1123 E. Pratt St

5. Full Name of Mother, Rebecca Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Henry Smith

9. Father's Occupation,

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. Cecilia Bernstein

Address, 122 S. Exeter St.

Remarks, 1 6 9 2 0 0 0 0 8 6 0

Wm J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and ...every month to the office of the Commissioner of Health. In case the birth of any child ...of a physician, or should no other person be in attendance, the mother of such child ...thereof, in the period above required, and it shall be the duty of the person above required, and ...shall forthwith notify the mother, immediately thereafter, in the manner and with the provisions of this section shall be ...to the Commissioner of Health to correct the same. Any person who shall refuse or neglect to comply with the provisions of this section shall be ...report its birth to the Commissioner of Health to correct the same. Any person who shall refuse or neglect to comply with the provisions of this section shall be ...persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ...offence, to be recovered as other fines and forfeitures are recoverable.

FEB 23 1892

RETURN OF A BIRTH. 37679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	F,
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Feb 14 -
4. *Place of Birth, (Street and Number)*	1729 N Bond
5. *Full Name of Mother,*	Jennie Arthur
6. *Mother's Maiden Name,*	Tracy
7. *Mother's Birthplace,*	B. C
8. *Full Name of Father,*	Frank Arthur
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	B C
Name of Medical Attendant, or other person who makes this Return.	Impelliser
Address,	1207 E Monument S
Remarks,	8920000861

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 29 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37480.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 16, 1892
4.	*Place of Birth, (Street and Number)*	2725 Hillow St.
5.	*Full Name of Mother,*	Pauline James
6.	*Mother's Maiden Name,*	Pauline Smith
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Charles James
9.	*Father's Occupation,*	Cooper
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mary L. Sweeney
	Address,	726 Luzerne St.
	Remarks,	

8920000862

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child it shall hereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

A 37181.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 16, 1892

4. Place of Birth, (Street and Number) 122 S. Exeter Str

5. Full Name of Mother, Lizzie Moore

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Ruhn Moore

8. Full Name of Father, Baltimore

9. Father's Occupation, Mrs Cecilie Bernstein

10. Father's Birthplace, 122 S. Exeter str

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920000863

Wm J C. Dulany Co., City Printers and Stationers.

...the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the physician or person in attendance, to the Registrar of ...third day of each and every month to the Office of the Registrar of Vital Statistics, Board of Health. In case the ...shall occur upon the mother, immediately thereafter, the said schedule shall be delivered, duly signed by the ...attendance upon the mother, Commissioner of Health, the said schedule shall be delivered, duly signed by the ...Child to report its birth to the Registrar of Vital Statistics, Board of Health, within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the five of ten (10) dollars for each offence, to be recoverable. Other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37482

GIVEN NAME ADDED 6-9-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EVA SMITH

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 17, 1892
4.	*Place of Birth, (Street and Number)*	2003 Bank St.
5.	*Full Name of Mother,*	Susan Smith
6.	*Mother's Maiden Name,*	Susan Howard
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Edward Smith
9.	*Father's Occupation,*	Candy-maker
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	Mary L. Swayne
	Address,	726 Luzerne St.
	Remarks,	18920000864

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th Febr
4. *Place of Birth, (Street and Number)* 600 Scott St
5. *Full Name of Mother,* Katharine Rosing
6. *Mother's Maiden Name,* Katharina Trempe
7. *Mother's Birthplace,* Baltimore County Md.
8. *Full Name of Father,* Charles Rosing
9. *Father's Occupation,* Meat Store
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr. Berge

Address,

Remarks, 8920000865

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3n48

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 19. 1892.
4. Place of Birth, (Street and Number) 802 Front Str
5. Full Name of Mother, Hinnie Goodman
6. Mother's Maiden Name, — — Cohn
7. Mother's Birthplace, Europe
8. Full Name of Father, David Goodman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks, 1892000866

1892

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-20-58

RETURN OF A BIRTH. A 37485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George C. Herald

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 17 1892.
4.	*Place of Birth, (Street and Number)*	Park St
5.	*Full Name of Mother,*	Maggie Herald.
6.	*Mother's Maiden Name,*	O Stricken.
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	George Herald.
9.	*Father's Occupation,*	Butcher.
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Caroline L Miller.
	Address,	1605 Walker St.
	Remarks,	

1892000867

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any child shall occur without the attendance of a physician or practitioner of midwifery, or if a physician or practitioner did no other person be in attendance upon the mother immediately thereafter it shall become the duty of the father or person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines, and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	February 20. 1892
4.	*Place of Birth, (Street and Number)*	840 S. Paca St.
5.	*Full Name of Mother,*	Lucy. B. Sharp.
6.	*Mother's Maiden Name,*	Lucy B Mayslup
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	John. Willam Sharp.
9.	*Father's Occupation,*	Laber
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return.	Mrs Bangle
	Address,	
	Remarks,	8920000868

month, and shall set forth as far as the same can be ascertained the (full) name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the matter aforesaid within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February the 20
4.	*Place of Birth, (Street and Number)*	1637 North Carey Street
5.	*Full Name of Mother,*	Mattie Wilhowck
6.	*Mother's Maiden Name,*	Mattie Daughton
7.	*Mother's Birthplace,*	Harford County
8.	*Full Name of Father,*	Frederick Wilhouck
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	German
	Name of Medical Attendant, or other person who makes this Return,	Bradburn & Stickney
	Address,	731 Cumberland St
	Remarks,	8 9 2 0 0 0 0 8 6 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	20 Feb
4.	*Place of Birth, (Street and Number)*	231 Cannon street
5.	*Full Name of Mother,*	Ema Schmitt
6.	*Mother's Maiden Name,*	Ema Bittner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Wilhelm Schmitt
9.	*Father's Occupation,*	Boiler Maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Schumann
	Address,	404 South Bond street
	Remarks,	18920000870

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health, in the third day of each and every month to the office of the Commissioner of Health, in the manner and with the shall occur without the attendance of a physician or practitioner of the healing art, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and with the like penalty for failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 27 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37489.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 20. 1892
4. Place of Birth, (Street and Number) 823 Granby Str
5. Full Name of Mother, Alvina Wemieb
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Karl Wemier
9. Father's Occupation, Lebrer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 1225 S. Exeter Str

Remarks, 18920000871

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...cupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the case, a certificate between the first and ...the birth, or, in case the birth of any child ...said schedule shall be delivered, duly signed by the practitioner, or should no other person be in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or midwife, the duty of the person or parents of such ...attendance upon the mother, immediately thereafter, shall be required, and within the period above required, and ...child to report its birth to the Commissioner of Health. In the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FEB 1892

RETURN OF A BIRTH.

37490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 20. 1892
4. Place of Birth, (Street and Number) #42 1125 E. Pratt St
5. Full Name of Mother, Golde Reiser
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis L Reiser
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks, 8920000872

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the mother, or if there be no practitioner, a form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 37491.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	February 20, 1892
4. Place of Birth, (Street and Number)	Hanover St 2. city
5. Full Name of Mother,	Dottie Kirby
6. Mother's Maiden Name,	Dottie Phillips
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	Joseph Kirby
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Cornelia Allen
Address,	1130 Merriott st
Remarks,	8920000873

FEB 23 1892

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or accoucheur or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ROLANY & CO., CITY PRINTERS AND STATIONERS

occupation of its parents, the date and place of birth; and the
been conferred; its sex, color, the full name and occupation
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
practitioner of which there is, or should no other person be in
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re

FEB 1892

RETURN OF A BIRTH. 3/7-97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5'd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	February 21. 1892
4. *Place of Birth, (Street and Number)*	1160 Low Str
5. *Full Name of Mother,*	Selda Bendes
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Abraham Bendes
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs Cecilie Bernstein
Address,	122 S. Exeter Str
Remarks,	18920000874

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 34493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* X
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 22. 92
4. *Place of Birth, (Street and Number)* 110 E Monument
5. *Full Name of Mother,* Agnes E Hambleton
6. *Mother's Maiden Name,* H. Hartzog
7. *Mother's Birthplace,* Balti:
8. *Full Name of Father,* H. S. Hambleton
9. *Father's Occupation,* ——
10. *Father's Birthplace,* md

Name of Medical Attendant, or other person who makes this Return. J. M. Hundley MD

Address, 602 Madison Ave

Remarks, 8 9 2 0 0 0 0 8 7 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the person in charge of the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 27494.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 22nd 1890
4. *Place of Birth, (Street and Number)* Baltimore 938 Burgundy Alley
5. *Full Name of Mother,* Dora Ardilla McCaffrey
6. *Mother's Maiden Name,* Dora Ardilla Bassett.
7. *Mother's Birthplace,* Dorchester County Md.
8. *Full Name of Father,* Paul John McCaffrey
9. *Father's Occupation,* Glass-blower
10. *Father's Birthplace,* Tyrone Co. Ireland

Name of Medical Attendant, or other person who makes this Return, Wm. Bourge

Address,

Remarks, 8 9 2 0 0 0 0 8 7 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 6 child

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* 22 of February 1892
4. *Place of Birth, (Street and Number)* Baltimore Howard St 1089
5. *Full Name of Mother,* Virginia Martin
6. *Mother's Maiden Name,* Virginia Dickens
7. *Mother's Birthplace,* North Thumberland Co Va
8. *Full Name of Father,* Wm Martin
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* North Thumberland Co Virginia

Name of Medical Attendant, or other person who makes this Return. Catharine Riley

Address, 1126 Russell St

Remarks, 8920000877

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the person by whom the birth has been conferred) its sex, color, the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of midwifery, or should no other parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 28. 1892

4. Place of Birth, (Street and Number) 1219 Hulikeu Ste

5. Full Name of Mother, Fanny Cohen

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Europe

8. Full Name of Father, Harris Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 1228. Exeter Ste

Remarks, 8 9 2 0 0 0 0 8 7 8

Each Coroner, as aforesaid, duly signed by the practitioner in charge of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner. In case the birth of any child third day of each and every month to the office of the Commissioner, or practitioner in charge of such shall occur without the attendance of a physician or practitioner in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

FEB 1892

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-27-58

RETURN OF A BIRTH 37497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Calvin Butler 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Feb. 23rd 92.
4. Place of Birth, (Street and Number) 711 E. George St.
5. Full Name of Mother, Laura Virginia Butler.
6. Mother's Maiden Name, " Brafton.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Harry Butler.
9. Father's Occupation, Waiter.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, N. T. Cox, J. M. D.

Address, 1062 Argyle Ave.

Remarks, 8920000879

Health. This schedule shall contain a list of the births which have occurred since the ... day of the ... month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or proof of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-2-53

RETURN OF A BIRTH.

37498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Frieda Scharf 1st
1. *Sex, (state whether male or female)*	girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	23 February 1892.
4. *Place of Birth, (Street and Number)*	Scott Street 1110
5. *Full Name of Mother,*	Mathilde Scharf.
6. *Mother's Maiden Name,*	Kiehlmann.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	August Scharf.
9. *Father's Occupation,*	tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mrs V Bunge
Address,	
Remarks,	

1892 0000 8800

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 29 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or midwife, and where no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1.	*Sex, (state whether male or female)*	M
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 23rd 92
4.	*Place of Birth, (Street and Number)*	620 N Carrollton Ave
5.	*Full Name of Mother,*	Helen Dutton
6.	*Mother's Maiden Name,*	N Gatewood
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	L. E. Dutton
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Va
	Name of Medical Attendant, or other person who makes this Return,	J. M. Hundley MD
	Address,	1022 Edmondson Ave
	Remarks,	8 9 2 0 0 0 0 8 8 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CHRISTIAN NAME ADDED 3-14-51

RETURN OF A BIRTH.

34500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Lucien Chase Lowndes

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, February 24th 1892
4. Place of Birth, (Street and Number) 2610 - St Paul St
5. Full Name of Mother, Elizabeth Chapman Lowndes
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Chapman Lowndes
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John H. Emmons M.D.

Address, 2100 - Md. Ave -

Remarks, 1892000000882

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And the certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-10-50 CERTIFICATE CORRECTED 7-10-50

RETURN OF A BIRTH. 3/501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Catharine 2nd Effrig

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24
4. Place of Birth, (Street and Number) 1 Bethel st 16 5 a b Effrig.
5. Full Name of Mother, Mary E Effrig
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Balt city Effrig
8. Full Name of Father, Anthony Effrig
9. Father's Occupation, Painter
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Dr A Dunnock

Address, 225 Dunn st

Remarks, Dup 8 9 2 0 0 0 0 8 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 24
4. Place of Birth, (Street and Number) 311 Gore st
5. Full Name of Mother, Lizzie King
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Smith
9. Father's Occupation, Bridger
10. Father's Birthplace, Cubra Co

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 1045 Court Court

Remarks, The mother had a awful fall in Baby died 24 hours after birth They are not able to bury it 8 9 2 0 0 0 8 8 7 4 Please to send for it this Evening

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained, the full name of child; and the ... been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 25, 1892
4. Place of Birth, (Street and Number) 403 Calvert Str
5. Full Name of Mother, Giuppe Concetalla
6. Mother's Maiden Name, Senta Concetalla
7. Mother's Birthplace, Italy
8. Full Name of Father, Lebener
9. Father's Occupation, Italy
10. Father's Birthplace, Mrs Cecilie Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter st

Address,

Remarks, 1892 8 9 2 0 0 0 0 8 8 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37,502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feb 25—
4. Place of Birth, (Street and Number) 1709 E Madison
5. Full Name of Mother, Elizabeth I Savage Wheatcroft
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, N. Y.
8. Full Name of Father, Frank R Savage
9. Father's Occupation, Bank Ruper
10. Father's Birthplace, England

Name of Medical Attendent, or other person who makes this Return. Irving Hiserodt

Address, 1207 E Madison St

Remarks, 8920000886

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can [illegible] the full name and occupation of each parent, the date and place of birth; and the maiden name of its parents, the date and place of birth; and the name and residence of the practitioner in the case, if any, by whom the birth has been certified; in the form of a certificate between the first and second days of each month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case, if any, by whom the birth has been certified; in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37,505.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Feb. 23, 1892
4.	*Place of Birth, (Street and Number)*	832 Common St.
5.	*Full Name of Mother,*	Barbara Rittenhouse
6.	*Mother's Maiden Name,*	Barbara Neighar
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Georg Rittenhouse
9.	*Father's Occupation,*	Shipping-clerk
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	Mary L. Sharpe
	Address,	726 Eutaw St.
	Remarks,	1892 0000887

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable as other fines and forfeitures are recoverable

1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

37506.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child (if children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feby 25 1892
4. *Place of Birth, (Street and Number)*	1325 Boreman St
5. *Full Name of Mother*	Carrie S Shibley
6. *Mother's Maiden Name*	B. Cort
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Fayette Shibley
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	W. M. Lewis M.D
Address	1209 Boreman
Remarks	

18920000888

RETURN OF A BIRTH.

37507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 te
1.	Sex, (state whether male or female)	Malchen
2.	Race or Color, (if not of the white race)	Weiß
3.	Date of Birth,	25 ten Februar 1892
4.	Place of Birth, (Street and Number)	Fort Ely str 1035
5.	Full Name of Mother,	Marie Loh
6.	Mother's Maiden Name,	Glas
7.	Mother's Birthplace,	Frankreich
8.	Full Name of Father,	Ote Loh
9.	Father's Occupation,	Work Mann
10.	Father's Birthplace,	Germanien
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Caroline Stewart Fort Ely str 434
	Remarks,	8 9 2 0 0 0 0 3 8 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febry 6 1892
4. *Place of Birth, (Street and Number)*	Smallwood st 833
5. *Full Name of Mother,*	Anna F. Albeche Albeche
6. *Mother's Maiden Name,*	Anna F. Engleheart
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	George R. Albeche
9. *Father's Occupation.*	Butcher
10. *Father's Birthplace,*	Homestead Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Sappelley
Address,	2022 Fairmount Ave
Remarks,	

8920000890

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child born alive within the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case (no birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE MAR 25 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37504.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male August John
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 of February 1892
4. Place of Birth, (Street and Number) 1333 Hull Street Locust Point
5. Full Name of Mother, Elisabeth Leist
6. Mother's Maiden Name, Elisabeth Becher
7. Mother's Birthplace, Mengerskirchen Nassau Germany
8. Full Name of Father, Wilhelm Leist
9. Father's Occupation, Tinsmith
10. Father's Birthplace, Guntersblum Rheinhessen Germany

Name of Medical Attendant, or other person who makes this Return, Lina Long Midwife

Address, 1333 Hull St Locust Point

Remarks,

8 9 2 0 0 0 0 8 9 1

been conferred) its sex, color, the full name and occupation of its parents, the ... and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of ... case between the first and third day of each and every month to the office of the Commissioner of Health. ... should no other person be in shall occur without the attendance of a physician or practitioner of ... person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of ... above required, and child to report its birth to the Commissioner of Health, in the manner and with the ... of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as debts of like ... and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37510.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. February 1892
4. Place of Birth, (Street and Number) # 112 Stockton St
5. Full Name of Mother, Mrs. Simms
6. Mother's Maiden Name, ——
7. Mother's Birthplace, ——
8. Full Name of Father, ——
9. Father's Occupation, ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this return, Dr. Nydegger + Bell

Address, 622 W. Lombard St

Remarks, Md. University Maternity

8920000892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3751.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth. February 13th
4. Place of Birth, (Street and Number) Mount Winans Md.
5. Full Name of Mother, Emma Gertrude Gary Rehl
6. Mother's Maiden Name, Emma Gertrude Rehl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Judson Emmett Gary
9. Father's Occupation, Rail Road Conductor
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Catherine Mundy

Address, 800 Leadenhall St.

Remarks, 8920000893

Wm. J. C. Dulany Co., City Printers and Stationers.

1892 Mar

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered to the use of the City, together with other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2d of February 1892
4. Place of Birth, (Street and Number) 1356 Towson St Locust Point
5. Full Name of Mother, Wina Jost
6. Mother's Maiden Name, Wina Brunk
7. Mother's Birthplace, Pommern Germany
8. Full Name of Father, Jacob Jost
9. Father's Occupation, Labourer
10. Father's Birthplace, Hessen Darmstadt Germany

Name of Medical Attendant, or other person who makes this Return, Lina Langendorf

Address, 1333 Hull St Locust Point

Remarks, 8920000894

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the physician or midwife, if any, present at the birth. Immediately after the birth of any child for which a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge, or if there be no such practitioner, by the Commissioner of Health, the case, the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health, the duty of such person or the parents of such attendance upon the mother, immediately thereafter it shall become the duty of such person or parents, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 2 1892
4. Place of Birth, (Street and Number) # 958 Iceland St
5. Full Name of Mother, Page Watkins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. McElreavy & Ely

Address, 623 W Lombard St

Remarks, 18920000895

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3-1914.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8th of February 14
4. *Place of Birth, (Street and Number)*	16 Garrison Lane
5. *Full Name of Mother,*	Katharina Grebe
6. *Mother's Maiden Name,*	Katharina Bauerwald
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carl Grebe
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Bender Midwife
Address,	2116 West Pratt St
Remarks,	8920000896

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3rd of February 92.
4. Place of Birth, (Street and Number)	2016 Christian St.
5. Full Name of Mother,	Katharina Franklin
6. Mother's Maiden Name,	Katharina Gniewski
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Moris Franklin
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St
Remarks,	1 8 9 2 0 0 0 0 8 9 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1892
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Laura Hughes
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Spalding

Address, 622 W Lombard St

Remarks,

8920000898

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-1-55

RETURN OF A BIRTH. 37517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Ellsworth ~~——~~ Green

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4 th 1892
4. *Place of Birth, (Street and Number)* 515 Hanover St
5. *Full Name of Mother,* Ellen S Green
6. *Mother's Maiden Name,* Ellen S Debow
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jozich Green
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address, 515 Light St

Remarks, Living Well

1 8 9 2 0 0 0 0 8 9 9

month, and shall set forth as far as the same may be ascertained the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health by the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 1st 1902
4. Place of Birth, (Street and Number) 879 Boyd St
5. Full Name of Mother, Mrs. E. Smith
6. Mother's Maiden Name, ———
7. Mother's Birthplace, ———
8. Full Name of Father, ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes the Return, Dr. Wright & Carew

Address, 632 N Lanvale St

Remarks, 1892 0000 780

Wm J C. Dulany Co., City Printers and Stationers.

MAR 2 1902

CITY REGISTRAR

...shall be delivered, duly signed by the father (where practicable) or the nearest relative present at the birth, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 1892
4. *Place of Birth, (Street and Number)* 512 Bloom St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Coffey
7. *Mother's Birthplace,* Havre de Grace Md
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler M D

Address, 2100 Druid Hill Ave

Remarks, 1 8 9 2 0 0 0 0 9 0 1

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name, color, the full name and occupation of its been conferred) its sex, date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 375-20.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 4 1892
4. *Place of Birth, (Street and Number)*	420 South Dr
5. *Full Name of Mother,*	Priscilla Cook
6. *Mother's Maiden Name,*	" Ashley
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm R Cook
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Geo Rhahaus
Address,	
Remarks,	18920000902

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of the person giving the information of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 37521.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of February 92
4. *Place of Birth, (Street and Number)*	118 Hebert St
5. *Full Name of Mother,*	Franziska Heet
6. *Mother's Maiden Name,*	Franziska Conradt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carl W. Heet
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friedericke Heuler Midwife
Address,	2116 West Pratt St
Remarks,	Full name - Carl F. Hoot

8 9 2 0 0 0 0 9 0 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3/5/92.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Clarence Judson Outram

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 5th 1892
4. Place of Birth, (Street and Number) 1807 W. Mulberry St.
5. Full Name of Mother, Emily Outram
6. Mother's Maiden Name, Ashford
7. Mother's Birthplace, London England
8. Full Name of Father, Charles Outram
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 N. Lombard St.

Remarks, Native 2 0 0 0 0 9 0 4

CITY OF BALTIMORE

month. And shall state the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the tioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the mother, immediately after the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 14 1892
4. Place of Birth, (Street and Number) 627 S Lombard St
5. Full Name of Mother, Susie Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return Dr Harry E Spalding

Address, 627 Lombard St

Remarks, Bal 6 9 2 0 0 0 0 9 0 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician in charge, midwife, or other person who shall have been present at the birth, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 5th 1892
4. *Place of Birth, (Street and Number)*	2304 Division St
5. *Full Name of Mother,*	Lucy Hayes
6. *Mother's Maiden Name,*	Thomas
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Chas H Hayes
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler M D
Address,	2100 Druid Hill ave
Remarks,	8920000906

month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the facts concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892 Mar 12

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1 1892
4. Place of Birth, (Street and Number) 1806 Fountain St
5. Full Name of Mother, Mrs. Strider
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Atkinson & Eley

Address, 622 W. Lombard St

Remarks, Md University 2 [illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

37526.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
Date of Birth,	February 5
4. Place of Birth, (Street and Number)	812, S Fremont st Baltimore Md.
5. Full Name of Mother,	Georgeanna. Gruening ee
6. Mother's Maiden Name,	Georganna. Schultze
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John. Henry. Gruening ee
9. Father's Occupation,	Varnisher. Knabe. Pino Factory
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Minch Midwife
Address,	808 Leadenhall St
Remarks,	8920000908

MAY 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the birth to the Commissioner of Health, immediately after the birth of such child to report its birth to the Commissioner of Health, by the mother of such child, which report shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37537.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY REGISTRAR'S OFFICE MAR 2 1892

No. 1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Winfield Clifton

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race)

4. Date of Birth, 6 of February 1892

5. Place of Birth, (Street and Number) 1418 Richardson St Locust Point

6. Full Name of Mother, Marie Martin

7. Mother's Maiden Name, Marie Franklin

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Winfield Martin

10. Father's Occupation, Labourer

Father's Birthplace, An Arrundel County

Name of Medical Attendant, or other person who makes this Return, Lina Lang Midwife

Address, 1333 Hull St Locust Point

Remarks, 8920000909

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, the first and third day of each and every month to the office of the Commissioner of Health, the first and third day of each and every month to the office of the Commissioner of Health, the first and third day of each and every month

RETURN OF A BIRTH. 37528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) ~~Feby 6th 1892~~ White
3. Date of Birth, ~~7th~~ Feby 6th 1892
4. Place of Birth, (Street and Number) 702 S. Fremont ave,
5. Full Name of Mother, Emeline E. Franklin
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, City
8. Full Name of Father, Benj. F. Franklin
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W Lombard St.

Remarks, Natural Labor 8 9 2 0 0 0 0 9 1 0

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name, residence, color, occupation of its parents, the date and place of birth; and the full name and occupation of the physician, midwife or other person who shall have been present at the birth, and the certificate between the first and practitioner in the form of a certificate between the first and the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37,529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 6/92
4. Place of Birth, (Street and Number) 624 W Lombard st
5. Full Name of Mother, Annie Lewis
6. Mother's Maiden Name, Maryland
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr E Hargrove & Spalding

Address, 677 W Lombard st

Remarks, 8920000911

said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the birth, at the office of the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable.

MAR 2 1892

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37530.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Feb 6th
4. *Place of Birth. (Street and Number)* 115 W. Henrietta
5. *Full Name of Mother,* Justina Eirich
6. *Mother's Maiden Name,* Justina Moeller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Eirich
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Catherine Murphy

Address, 700 Leadenhall St.

Remarks, 8920000912

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 7 1892
4. *Place of Birth, (Street and Number)*	Kilkenny Ave 912
5. *Full Name of Mother,*	Elisabeth Petz
6. *Mother's Maiden Name,*	Elizabeth Pfeil
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John P. Petz
9. *Father's Occupation.*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ellis L. Kelley
Address,	2032 Kilkenny Ave
Remarks,	8920000913

Health, the facts set forth as far as the same can be ascertained the full name and place of birth, and the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate given the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should neither parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 7/92
4. Place of Birth, (Street and Number) 622 St Edmund St
5. Full Name of Mother, Amelia Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr J Wayne Spalding

Address, 622 W Lanvale St

Remarks,

8920000914

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) X1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 2nd 92
4. Place of Birth, (Street and Number) #33 Ebery Lane
5. Full Name of Mother, Henrietta Spriggs
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr Ford

Address, 623 N Fountain St

Remarks, Phos Gonorrhea & Syphilis Maternity

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1st 1892
4. Place of Birth, (Street and Number) 107 C Grindall
5. Full Name of Mother, Anna me Rowe
6. Mother's Maiden Name, Anna me Walker
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Hudnutt B Rowe
9. Father's Occupation, Liner
10. Father's Birthplace, N Cy York

Name of Medical Attendant, or other person who makes this Return, C A Tully

Address, 1828 Light St

Remarks, Living Well

8 9 2 0 0 0 0 9 1 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. If no birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parents of such attendance upon the mother, immediately thereafter it shall become the duty of such person, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE REGISTERED MAR 12 1892

RETURN OF A BIRTH.

37534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, Feb 29th 1892
5. Place of Birth, (Street and Number) 171 Harrison St
6. Full Name of Mother, Hattie Kramer
7. Mother's Maiden Name, Kirsch
8. Mother's Birthplace, Russia
9. Full Name of Father, Jos. Kramer
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Eckman

Address, 171 Eastern Ave

Remarks, 8920000917

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-27-56

RETURN OF A BIRTH.

31536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Leon Worcester Pickett~~ 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 7 1892
4. Place of Birth, (Street and Number) 606 S Paca
5. Full Name of Mother, Mary Pickett
6. Mother's Maiden Name, Worcester
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, Edw S Pickett
9. Father's Occupation, Piano tuner
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Geo R Graham MD

Address,

Remarks, 8920000918

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner and the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, one and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case no other person be in attendance upon the mother, immissioner of this section shall be subject to the provisions of this section shall hereafter fail to comply with the requirements of any such person who shall hereafter fail to the recovery of the penalties and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, or other fines and forfeitures are recoverable.

1892

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37,537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 7th 1892

4. Place of Birth, (Street and Number) 110 W Cross St.

5. Full Name of Mother, Jennie Garnett

6. Mother's Maiden Name, Jennie Hoffman

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Lewis A. Garnett

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Münich

Address, 820 Eadenstall St.

Remarks, 3920000919

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

CITY REGISTRAR 1892

been conferred) its sex, color, the full name and occupation of the parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered As other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	8th of February 92
4. Place of Birth, (Street and Number)	2114 Mary Anna St
5. Full Name of Mother,	Elizabeth Conradt
6. Mother's Maiden Name,	Elizabeth Müller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Conradt
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friedericke Reuter Midwife
Address,	2116 West Pratt St
Remarks,	1 8 9 2 0 0 0 0 9 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Feb 1892
4. *Place of Birth, (Street and Number)* 116 Market Place
5. *Full Name of Mother,* Bessie Greenwald
6. *Mother's Maiden Name,* Pickholz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Barney Greenwald
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 42 Albemarle St

Remarks, 8920000921

month, and shall set forth as far as the same can be ascertained by the use of reasonable diligence the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of such certificate, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 37540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 9th
4. Place of Birth, (Street and Number)	920 Greenmount av
5. Full Name of Mother,	Baltimore
6. Mother's Maiden Name,	Florence Stopper
7. Mother's Birthplace,	Florence Carter
8. Full Name of Father,	Baltimore
9. Father's Occupation,	Louis Stopper
10. Father's Birthplace,	Grocer
Name of Medical Attendant, or other person who makes this Return.	Baltimore
Address,	L Worden
Remarks,	920 Greenmount ave

9 9 2 0 0 0 0 9 2 2

month, and shall set forth as far as the same can be ascertained the name and place of birth, and the name, sex, color, and occupation of its parents, the date and place of marriage of the parents, the full name and occupation of its parents, the first and last residence of the parents, the full name and occupation of the father, and the maiden name of the mother, in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the person in charge of the premises where the birth occurred, or the person who shall have been conferred with by the parents of such child, or the midwife, or physician, or person in charge of the case, shall report the birth to the office of the Commissioner of Health, or should no midwife, physician, or person be in said case, then the duty of reporting such birth shall devolve upon the parents of such child. Every midwife shall keep a record of each and every birth at which she officiates, and shall report the same to the office of the Commissioner of Health within the first third day of each month. In case of the attendance of a physician or practitioner it shall become the duty of such physician or practitioner to report the birth

RETURN OF A BIRTH.

37341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 9 Feb
5. Place of Birth, (Street and Number) 517 Centralave
6. Full Name of Mother, Katie Mendelsohn
7. Mother's Maiden Name, Epstein
8. Mother's Birthplace, Russia
9. Full Name of Father, Nathan Mendelsohn
10. Father's Occupation, Tailor
11. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schesman

Address, 1421 Eutaw ave

Remarks, 8920000923

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH.

37647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Augustus Krueger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 9/97

4. Place of Birth, (Street and Number) 622 So Fountain st

5. Full Name of Mother, Augusta Krueger Krueger

6. Mother's Maiden Name, Germany

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1892000924

Wm J C. Dulany Co., City Printers and Stationers.

~~GIVEN NAME ADDED~~ 11-17-66

RETURN OF A BIRTH.

A 34343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether ~~male~~ or female) NAME: PAULINE AUGUSTA KAROLUS

2. ~~Race or Color, (if not of the white race)~~

3. Date of Birth, February 9th 1892

4. Place of Birth, (Street and Number) 917 Leadenhall St.

5. Full Name of Mother, Berta Karolus

6. Mother's Maiden Name, Berta Mantel

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Karolus

9. Father's Occupation, Music - Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Pennefe

Address, 100 Leadenhall St.

Remarks, 18920000925

been conferred ; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 37,524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 10 1892
4. *Place of Birth, (Street and Number)*	Parkin st 127
5. *Full Name of Mother,*	Caroline Tierney
6. *Mother's Maiden Name,*	Caroline Feenstle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Tierney
9. *Father's Occupation.*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ellis S Kelly
Address,	2022 Wilkens Ave
Remarks,	8920000926

Return. ... shall set forth as far as the same can be ascertained the ... and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, 18[illegible] Case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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portion of the parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Commi
shall occur without the attendance of a physician or practitio
shall occur without the attendance of a physician or practitio
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 37545.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 10 of Februar 1892
4. *Place of Birth, (Street and Number)* at 819 Butler Alley
5. *Full Name of Mother,* Lena Lettau
6. *Mother's Maiden Name,* Lena Schadel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernhard August Lettau
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Cathryna Kemsky

Address, 100 Leadenhall St.

Remarks, 1892000927

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RETURN OF A BIRTH. 37846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W Wite
3.	*Date of Birth,*	Hebuary 10 th 1892
4.	*Place of Birth, (Street and Number)*	263 C Hamburg St
5.	*Full Name of Mother,*	Dora J W heeler
6.	*Mother's Maiden Name,*	Dora J Lonely
7.	*Mother's Birthplace,*	Dorchester Co
8.	*Full Name of Father,*	Joseph W W heeler
9.	*Father's Occupation,*	Grocers Dealer
10.	*Father's Birthplace,*	Calvert Co
	Name of Medical Attendant, or other person who makes this Return,	C A Tully
	Address,	1525 Light St
	Remarks,	Doing Well

1 8 9 2 0 0 0 0 9 2 8

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RETURN OF A BIRTH. A 3747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 10 / 92
4. Place of Birth, (Street and Number) 632 N Lombard st
5. Full Name of Mother, Dockie Wards
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, Dr J Sturgeon & Spaulding

Address,

Remarks, 632 W Lombard st

8920000929

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and description of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. Is by reference to the form of a certificate between the first and third day of each and every month by the officer of the Commissioner of Health. In case the birth of any child attendance of a physician or of a midwife, or should no other person be in

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GIVEN NAME ADDED 5-28-52

RETURN OF A BIRTH. 37548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Erich Werling 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, 10 of February 1892
5. Place of Birth, (Street and Number) 1364 Jarrett Ave Locust Point
6. Full Name of Mother, Ulricka Werling
7. Mother's Maiden Name, Ulricka Sindl
8. Mother's Birthplace, Treptow in Pommern Jermany (WERLING)
9. Full Name of Father, Gustav Werking
10. Father's Occupation, Machinist
11. Father's Birthplace, Berlin Jermany
12. Name of Medical Attendant, or other person who makes this Return, Lina Lang Midwife
13. Address, 1933 Hull St Locust Point
14. Remarks, 18920000930

CITY REGISTRAR MAR 2 1892

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been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 37549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10th 1892
4. Place of Birth, (Street and Number) 1526 Aisquith St.
5. Full Name of Mother, Mary Gernon
6. Mother's Maiden Name, Mary Callender
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Jonathan Gernon
9. Father's Occupation, Plasters.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J B Saunders M.D.

Address, 819 E Chase St

Remarks, 8920000931

month, and shall set forth as far as the same can be ascertained the full name, ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner in the form ... third day of each and every month to the office of the Commissioner of Health ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become the duty of ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH.

A 37550.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	11 Feb 1892
4.	*Place of Birth, (Street and Number)*	603 E. Lombard St
5.	*Full Name of Mother,*	Annie Blum
6.	*Mother's Maiden Name,*	Ceskofsky
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Max Blum
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Scherman
	Address,	42 Albemarle St
	Remarks,	8920000932

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RETURN OF A BIRTH.

A 37,551.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Feb 12th 1892
4. *Place of Birth*, (*Street and Number*) 1314 N Carey St
5. *Full Name of Mother*, Emma J Fowler
6. *Mother's Maiden Name*, Lawyer
7. *Mother's Birthplace*, Balto Co Md
8. *Full Name of Father*, Joshua M Fowler
9. *Father's Occupation*, Cabinet Maker
10. *Father's Birthplace*, Carol Co

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 200 E Pratt

Remarks, 8920000933

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month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the person who shall have been in attendance at the birth, and shall make a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of February 12.
4. *Place of Birth, (Street and Number)*	1914 Lombard St
5. *Full Name of Mother,*	Lillie Stubbs
6. *Mother's Maiden Name,*	Lillie Brandau
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilhelm Stübbe
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Hoerler Midwife
Address,	216 West Pratt St
Remarks,	8920000934

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RETURN OF A BIRTH. A 37883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh & child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of February
4. *Place of Birth, (Street and Number)*	16,07 Harford ave.
5. *Full Name of Mother,*	Mrs Mabie Whittemore
6. *Mother's Maiden Name,*	Miss Katie Richards
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William B Whittemore
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Worden
Address,	Beaumont ave.
Remarks,	8920000935

month, and shall set forth as far as the same can be [illegible] the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 37534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th February 1892
4. Place of Birth, (Street and Number) 1320 Hull St Locust Point
5. Full Name of Mother, Christina Campbel
6. Mother's Maiden Name, Christina Balker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Campbel
9. Father's Occupation, Labourer
10. Father's Birthplace, Cuba

Name of Medical Attendant, or other person who makes this Return, Lina Lang Midwife

Address, 1333 Hull St Locust Point

Remarks,

1892 MAR

1892000936

been conferred) its sex, color, the full name and occupation of its parents, the number of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the father or mother, or other person or parents of such child, or in the absence of the father or mother, or other person or parents of such child, or in the absence of the father or mother, immediately thereafter it shall become the duty of the person in the household above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in the household above required, and in the manner directed by the physician thereafter attending, to report such birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH. 37535.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Eleventh (11) Child

1. *Sex,* (*state whether male or female*) male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* 13th February 1892

4. *Place of Birth,* (*Street and Number*) No. 1033 Fredrmaunt. ave

5. *Full Name of Mother,* Mrs Rose Batchelar

6. *Mother's Maiden Name,* Miss Rose Lynch

7. *Mother's Birthplace,* Baltimore MD

8. *Full Name of Father,* Mr Walter S. Batchelar

9. *Father's Occupation,* Watchman

10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Mrs Wooden

Address, 996 Fredrmaunt ave

Remarks, 8920000937

and shall set forth as far as the same can be ascertained the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the occupation of the parents, the date and place of birth; and the full name and occupation of the parents, the date and place of birth; and the color, the full name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of the parents, the date and place of birth; and the signed by the practitioner in the form of a certificate between the first and delivered, duly signed by the practitioner in the form of a certificate between the first and month to the office of the Commissioner of Health. In case the birth of any child attendance of a physician or midwifery, or should no other person be in every month to the office of the Commissioner of Health. In case the birth of any child without the attendance of a physician or midwifery, or should no other person be in immediately thereafter fail to the duty of the person or parents of such mother, Commissioner of Health to comply with the provisions of this section shall be sub- hereafter fail to comply with the provisions of this section shall be sub- persons who shall hereafter fail to comply with the provisions of this section shall be sub- offense, and recoverable as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 37556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 13th 1892
4. *Place of Birth, (Street and Number)*	43 Conway St.
5. *Full Name of Mother,*	Susie Lake
6. *Mother's Maiden Name,*	Traverse
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Richard F. Lane
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. H. Webner M.D.
Address,	723 W. Lombard st.
Remarks,	Delivered with Forceps

1892 00009738

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Howard Edward Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 10th 92
4. *Place of Birth, (Street and Number)* 1127 William Street
5. *Full Name of Mother,* Minnie Elliott
6. *Mother's Maiden Name,* Minnie Ring
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo N. Elliott
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Wunder

Address, 800 Aisquith & Eutaw

Remarks, 8920000939

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation, of its ... the date and place of birth; and the ... signer in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the physician or ... Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or ... Commissioner 1892 ... duty of the person or parents of such ... attendance upon the mother, immediately thereafter it ... shall become ... and within the period above required, and ... child to report its birth to the Commissioner of Health. In the ... the parties and ... any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as ... recoverable.

RETURN OF A BIRTH. 37558.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* February 14 1892.
4. *Place of Birth, (Street and Number)* 1124 Proctor Street.
5. *Full Name of Mother,* Sarah Emma Beck.
6. *Mother's Maiden Name,* Sarah Emma Smith.
7. *Mother's Birthplace,* Pennsylvania.
8. *Full Name of Father,* H. L. Beck.
9. *Father's Occupation,* Railroading.
10. *Father's Birthplace,* Pennsylvania.

Name of Medical Attendant, or other person who makes this Return. Mrs. Wooden

Address, 936 Greenmount Ave.

Remarks, 8920000940

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14 1902
4. Place of Birth, (Street and Number) # 708 Clinton St
5. Full Name of Mother, Kate Oberman
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Parish + Silverman

Address,

Remarks, + Bro's Ave, Lombard 0 Mo. Maternity Maternal

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

375-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Male ✓
2.	*Race or Color, (if not of the white race)*	White ✓
3.	*Date of Birth,*	14 Feb. 1892 ✓
4.	*Place of Birth, (Street and Number)*	818 E. Fayette St ✓
5.	*Full Name of Mother,*	Hetta Fidler ✓
6.	*Mother's Maiden Name,*	Greenbaum ✓
7.	*Mother's Birthplace,*	Russia ✓
8.	*Full Name of Father,*	Hyam Fidler ✓
9.	*Father's Occupation,*	Tailor.
10.	*Father's Birthplace,*	Russia Austria ✓
	Name of Medical Attendant, or other person who makes this Return.	
	Address,	
	Remarks,	8920000942

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health. This Schedule shall contain as far as the same can be ascertained the full name of each child, of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Commissioner of Health, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable

RETURN OF A BIRTH. A 37561.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 of February 1892
4. Place of Birth, (Street and Number) 1739 Richardson St Locust Point
5. Full Name of Mother, Elisabeth Shmanke
6. Mother's Maiden Name, Elisabeth Völker
7. Mother's Birthplace, Hemsbach Germany
8. Full Name of Father, August W. Shmanke
9. Father's Occupation, Steindorz
10. Father's Birthplace, Frideberg Germany

Name of Medical Attendant, or other person who makes this Return, Lindsong Midwife

Address, 1333 Hull St Locust Point

Remarks, 1892000000943

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 375-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Feb
4. Place of Birth, (Street and Number) No 10 Poultney Lane
5. Full Name of Mother, Kate Louis Reinhardt
6. Mother's Maiden Name, E Yorke pc
7. Mother's Birthplace, John G Louis
8. Full Name of Father, Bakery Store
9. Father's Occupation, Baltimore Md
10. Father's Birthplace, Walter A Mundo

Name of Medical Attendant, or other person who makes this Return, 705 Aisquith St

Address,

Remarks, 8920000944

Wm J C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. 1892

RETURN OF A BIRTH 37266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 5 of February 1892
4. *Place of Birth, (Street and Number)* 1730 Gough Street
5. *Full Name of Mother,* Sarah E. Smith
6. *Mother's Maiden Name.* Sarah E. Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Conner

Address, 1606 Gough Street

Remarks, 1 8 9 2 0 0 0 0 9 4 5

FEB 1892

been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed, by the [illegible] of the third day of each and every month to the [illegible] shall occur without the attendance of a physician or [illegible] attendance upon the mother, immediately thereafter [illegible] child to report its birth to the Commissioner of Health, [illegible] any such person or persons who shall hereafter fail to [illegible] jected to the fine of ten to dollars for each offence, to be recovered

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE
DEC 12 1892

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	February 6th 1892
4.	Place of Birth, (Street and Number)	2005 Winters Row
5.	Full Name of Mother,	Kate Link
6.	Mother's Maiden Name,	Kate Gwen
7.	Mother's Birthplace,	via
8.	Full Name of Father,	George Link
9.	Father's Occupation,	Fireman
10.	Father's Birthplace,	Balto Md
	Name of Medical Attendant, or other person who makes this Return.	C A Tully
	Address,	1525 Light St
	Remarks,	Daing Well

8920000946

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Feb 6th 1892
4. *Place of Birth, (Street and Number)* 622 Allendale Pratt
5. *Full Name of Mother,* Lena Klanarsky
6. *Mother's Maiden Name,* Lena Manna
7. *Mother's Birthplace,* Sadolene
8. *Full Name of Father,* Joseph Klanarsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return,

Address, Jette Klanarsky

Remarks, 1177 E Lanvale St

8920000947

month, and shall set forth as far as the same can be ascertained under his or her care during the been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the officer of the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office aforesaid, or produced to the physician or person who shall occur upon the mother immediately thereafter, with the attendance of a physician or midwife, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	July 6th
4.	*Place of Birth, (Street and Number)*	8/21 Little Gunpowder
5.	*Full Name of Mother,*	Mary M. Clara Steinbach
6.	*Mother's Maiden Name,*	Mary McGary
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Charles Steinbach
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Hulmeville Depot
	Remarks,	8926

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

MONTH, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 9-22-55

37270.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Genevieve Feldpusch 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10th 1892

4. Place of Birth, (Street and Number) 1 North Sugar Street

5. Full Name of Mother, Richie Feldpusch

6. Mother's Maiden Name, Mardaga.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Feldpusch

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wicke Fetzke

Address, # 114 South Bond Street

Remarks, 18920000949

CITY CLERK FEB 8 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37271.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 6th 1892
4. Place of Birth, (Street and Number) 2337 E'd Hill Ave
5. Full Name of Mother, Cora Bell Schmidt.
6. Mother's Maiden Name, Cora Bell Watts
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Conrad Schmidt.
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Shockney

Address,

Remarks, † 8 9 2 0 0 0 0 9 5 0

C/T 5 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 Feb 1892.

4. Place of Birth, (Street and Number) No 619 Baker st

5. Full Name of Mother, Katie Lechleitner

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Lechleitner

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A Gunn

Address, 1907 E Monument St

Remarks, 8920000951

FEB 13 1892

the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3727 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb, 6th 1892
4. Place of Birth, (Street and Number) 1403 Lafayette ave
5. Full Name of Mother, Julia Smith
6. Mother's Maiden Name, Julia Reid
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles H Smith
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, M K Lovant M D

Address, 90 N Stricker St

Remarks, 8920000952

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the ... in the form of a certificate between the first and third day of each and every month to the officer in charge of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter, ON ... with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 1892 OF BALT

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

3774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Feb 6th 1892
4. Place of Birth, (Street and Number) 1422 Fremont Ave
5. Full Name of Mother, Anna Katz
6. Mother's Maiden Name, Anna Katz
7. Mother's Birthplace, Lithuania
8. Full Name of Father, Jacob Katz
9. Father's Occupation, Tailor
10. Father's Birthplace, Lithuania

Name of Medical Attendant, or other person who makes this Return,

Address, Fallon Kennedy 1422 E Fremont St

Remarks, 1177 E Lombard St

8920000953

FEB 13 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (~~State whether~~ male or ~~female~~)*
2. *Race or color, (~~if not~~ of the white race)*
3. *Date of Birth,* Feb 7th 1892
4. *Place of Birth, (Street and Number)* 1430 John St
5. *Full Name of Mother,* Olivia Louisa Jane Creidler
6. *Mother's Maiden Name,* Cop
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George A Creidler
9. *Father's Occupation,* Commercial Traveler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias 6 Price M.D.

Address, 953 Madison Ave

Remarks, 8920000954

month, and shall set forth as far as the same, or the ascertained, the name of each child, if any shall have been conferred) its sex, color, the full name, date and place of birth, and the name of its parents, the date and place of its parents' marriage, and the certificate between the first and said schedule shall be delivered, duly signed, by the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practicing Midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, or should no other person be in child to report its birth to the Commissioner of Health, or of the person or parents of such any such person or persons who shall hereafter fail to report within the period above required, and jected to the fine of ten (10) dollars for each offence. The provisions of this section shall be subject with the provisions of this section shall be recoverable before the Criminal Court, and subject to the other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37276.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7/92
4. Place of Birth, (Street and Number) 433 Pulaski St.
5. Full Name of Mother, Fannie Rosenstein
6. Mother's Maiden Name, Jamoski
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Rosenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other Person who makes this Return. J. L. Atwood M.D.
Address, 939 Wilkens Ave
Remarks,

1892000955

FEB 10 1892

CITY OF BALTIMORE

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) the sex, color, date and place of birth, the full name and occupation of its parents, the date and place of marriage of the parents, and the full name and residence of the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 37777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 9 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	July 7 1892
4. Place of Birth, (Street and Number)	1142 Stockton
5. Full Name of Mother	Maggie Hagedorn
6. Mother's Maiden Name	Hager
7. Mother's Birthplace	America
8. Full Name of Father	George Hagedorn
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. McKinney MD
Address	1209 Pennsylvania
Remarks	

8920000956

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 1892
4. *Place of Birth, (Street and Number)* Bruckey Lot 1626
5. *Full Name of Mother,* Lillie L Ford
6. *Mother's Maiden Name,* St Mary's Co
7. *Mother's Birthplace,* Louis F Bankhead
8. *Full Name of Father,* Car Driver
9. *Father's Occupation,* Calvert Co
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J Shockney

Address,

Remarks, 8920000957

FEB 13 1892

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth occurred by the Commissioner of Health, or should no other person be in third day of each and every month to the office of the person or parents of such practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or midwife, the latter shall become immediately thereafter, in the period above required, and attendance upon the mother, immediately thereafter it shall be within the provisions of this section shall be child to report its birth to the Commissioner of Health, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White Race
4. *Date of Birth,* 7th of Feb 1892
5. *Place of Birth, (Street and Number)* 1403 Gough St
6. *Full Name of Mother,* Anna Sidgal
7. *Mother's Maiden Name,* Anna Klug
8. *Mother's Birthplace,* Russia
9. *Full Name of Father,* Abram Hertz Sidgal
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920000958

FEB 13 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should the parents of such child become the duty of the person above required, and attendance upon birth to the Commissioner of Health, in the manner and within the period hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and fines are recoverable by such person or persons who shall hereafter fail to report its birth to the Commissioner of Health, in the manner and within the period hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and fines are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 16 7-1892
4. *Place of Birth, (Street and Number)* 2424 Caylon Ave
5. *Full Name of Mother,* Lillie Hartman
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Fluvanna County Va
8. *Full Name of Father,* Julius Hartman
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Fluvanna County Va

Name of Medical Attendant, or other person who makes this Return. Sarah F Harrington

Address, 2424 Ramsay st

Remarks, 8920000959

been conferred,) its sex, color, the full name of each child, if any shall have
occupation of the parents, the date and place of birth; and the
its parents, the date and place of birth of its father and
in the form of a certificate between the first and
case the birth of any child
other person or parents of such
duty of the period above required, and
within the period of this section shall be sub-
provisions of this section are recoverable.
other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37 781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Feb 4th 1892
4. Place of Birth, (Street and Number) 907 Fayette St
5. Full Name of Mother, Kathy Kay Hall
6. Mother's Maiden Name, Rosa Chist
7. Mother's Birthplace, Poznan
8. Full Name of Father, Salmon Kay Hall
9. Father's Occupation, Tailor
10. Father's Birthplace, Poznan

Name of Medical Attendant, or other person who makes this Return,

Address, Tillie Klimecky 1177 E Lanvale St

Remarks, 0920000960

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...ascertained the full name of each child, if any shall have ...the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In the ...third day of each and every month to the physician or practitioner in attendance upon the mother, immediately thereafter, or shall be ...shall occur without the attendance of a physician or practitioner in attendance upon the mother, the parents or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid above required, and it shall become and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 37287.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 10 1892
HEALTH CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 2d 1892

4. Place of Birth, (Street and Number) 1 Edward Street

5. Full Name of Mother, Matilda Bedford

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Bedford

9. Father's Occupation, Hod Carrier

10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other person who makes this Return. Jane Webb

Address, 804 Sterling Street.

Remarks,

8 9 2 0 0 0 0 9 6 1

Births and deaths are to be registered at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and a certificate of birth shall be given by the Registrar for each child born in the City of Baltimore, and a certificate of death shall be given by the Registrar for each person dying in the City of Baltimore, and a certificate of burial shall be given by the Registrar for each dead body buried in the City of Baltimore, and a certificate of removal shall be given by the Registrar for each dead body removed from the City of Baltimore, and a certificate of disinterment shall be given by the Registrar for each dead body disinterred in the City of Baltimore, and a certificate of transportation shall be given by the Registrar for each dead body transported from the City of Baltimore, and a certificate of cremation shall be given by the Registrar for each dead body cremated in the City of Baltimore, and a certificate of embalming shall be given by the Registrar for each dead body embalmed in the City of Baltimore, and a certificate of preservation shall be given by the Registrar for each dead body preserved in the City of Baltimore, and a certificate of mummification shall be given by the Registrar for each dead body mummified in the City of Baltimore, and a certificate of petrification shall be given by the Registrar for each dead body petrified in the City of Baltimore, and a certificate of fossilization shall be given by the Registrar for each dead body fossilized in the City of Baltimore, and a certificate of carbonization shall be given by the Registrar for each dead body carbonized in the City of Baltimore, and a certificate of saponification shall be given by the Registrar for each dead body saponified in the City of Baltimore, and a certificate of adipocere shall be given by the Registrar for each dead body adipocere in the City of Baltimore, and a certificate of mummification shall be given by the Registrar for each dead body mummified in the City of Baltimore, and a certificate of petrification shall be given by the Registrar for each dead body petrified in the City of Baltimore, and a certificate of fossilization shall be given by the Registrar for each dead body fossilized in the City of Baltimore, and a certificate of carbonization shall be given by the Registrar for each dead body carbonized in the City of Baltimore, and a certificate of saponification shall be given by the Registrar for each dead body saponified in the City of Baltimore, and a certificate of adipocere shall be given by the Registrar for each dead body adipocere in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3723.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY REGISTRAR 1892 FEB 11

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	8 Feb
4.	*Place of Birth, (Street and Number)*	515 Roose st
5.	*Full Name of Mother,*	Maggie Bauer
6.	*Mother's Maiden Name,*	Maggie Hollet
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Joseph Bauer
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs S Shumann
	Address,	409 South Bond st
	Remarks,	

8920000962

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or in case of her death or inability, any person present at the birth, shall report the birth of any child attendance upon the mother, immediately thereafter. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37284.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE FEB 13 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* eight day of Feb. 1892
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

8 9 2 0 0 0 0 9 6 3

RETURN OF A BIRTH. L 3728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8 1892
4. Place of Birth, (Street and Number) 2120 Fairmount Ave
5. Full Name of Mother, Hannah Smith
6. Mother's Maiden Name, " Walcot
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John W Smith
9. Father's Occupation, Can Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J T Speckmall M.D

Address, 14 N Patterson Pk Ave

Remarks, 1892000964

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 8th 92
4. *Place of Birth, (Street and Number)*	14 W. Montgomery
5. *Full Name of Mother,*	Annie Sears Hoffius
6. *Mother's Maiden Name,*	Baltro.
7. *Mother's Birthplace,*	Edwin Sears
8. *Full Name of Father,*	Baile Maker
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	H E M Welch
Name of Medical Attendant, or other person who makes this Return.	403 Hanover St.
Address,	
Remarks,	8920000965 H. E. W. WELCH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37287.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, February 8th 92
4. Place of Birth, (Street and Number) 1211 Brevard St
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, " Wormley
7. Mother's Birthplace, St marys Co. Md.
8. Full Name of Father, William H. Hall
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park ave

Remarks, 8920000966

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	Feb 8 th
4. *Place of Birth (Street and Number),*	1004 E Lombard St
5. *Full Name of Mother,*	Fannie Berman
6. *Mother's Maiden Name,*	Fannie Grazutis
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Meh Berman
9. *Father's Occupation,*	Presser
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Rocha Zagar
Address,	905 E Lombard St
Remarks,	8920000967

This schedule shall contain a list of the births which have occurred under the [illegible] of her care during the month, and shall set forth as far as the same can be ascertained the [illegible] name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no [illegible] person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or [illegible] of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 37284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 8 1902
4. Place of Birth, (Street and Number) 210 Oak St
5. Full Name of Mother, Caroline E. Reuce Potter
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, East Point Md.
8. Full Name of Father, Chas E. Potter
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. R. Guyton M.D.

Address, 2100 Md Ave

Remarks, 8920000968

month, and shall set forth as far as the same can be ascertained the full name, color, sex, and occupation of its parents, the date and place of birth; and the full name and occupation of each child of any shall have been conferred), its sex, the date and place of birth of any child of its parents, the date of each and every attendance of a physician or practitioner in the case of the first and said schedule shall be delivered, duly signed by the practitioner or other person he in third day of each and every month to the office of the Commissioner of Health. If shall occur without the attendance of a physician or practitioner of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parties required, and child to report its birth to the Commissioner of Health, in the manner and within the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	8th Feb. 1892
4. *Place of Birth, (Street and Number)*	509 N. Fremont Ave.
5. *Full Name of Mother,*	Mrs. Maggie Bauernschub
6. *Mother's Maiden Name,*	Miss Maggie Dorn
7. *Mother's Birthplace,*	Union st. Balto. city
8. *Full Name of Father,*	Mr. Joseph Bauernschub
9. *Father's Occupation,*	printer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Kate A. Geiglein
Address,	509 N. Fremont Ave.
Remarks,	

8 9 2 0 0 0 0 9 6 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person making the same, to the registrar within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner and within the period above required, and any such person or persons who shall hereafter fail to do so, or with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE
FEB 10 1892
HEALTH DEPARTMENT

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ETY ▲ FILM

RETURN OF A BIRTH. 37791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8
4. Place of Birth, (Street and Number) de 1640 E Chase St
5. Full Name of Mother, Mollie Jenkins
6. Mother's Maiden Name, Mollie Nelson
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, John Jenkins
9. Father's Occupation, Rail R. fireman
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return, E. Hinton

Address, de 1482 Hanover st

Remarks, 1 8 9 2 0 0 0 0 9 7 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37297.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 8th 1892
4. Place of Birth, (Street and Number) No 1807 Hanover St
5. Full Name of Mother, Mollie Cox
6. Mother's Maiden Name, Mollie Klinefelter
7. Mother's Birthplace, York Pa
8. Full Name of Father, Charles Cox
9. Father's Occupation, Rail R Conductor
10. Father's Birthplace, Baltimore Co md

Name of Medical Attendant, or other person who makes this Return, Ed Hinton

Address, No 1422 Hanover St

Remarks, 18920000971

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 1th 1892
4. Place of Birth, (Street and Number) No 20 London Ave
5. Full Name of Mother, Lizzie Köbe
6. Mother's Maiden Name, Lizzie Boland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Köbe
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920000972

been conferred) its sex, color, the full name and occupation of the parents, the [illegible] of any child, or any shall have said schedule shall be delivered, duly signed by the practitioner, [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as [illegible] and forfeitures are recoverable.

FEB 1892

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-2-56

RETURN OF A BIRTH

37794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Charles Archibald Green Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb Ninth - 1892
4. *Place of Birth, (Street and Number)*	Brunt Street 1824
5. *Full Name of Mother,*	Josephene Green
6. *Mother's Maiden Name,*	Josephene Garrison
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harvey Green
9. *Father's Occupation,*	Gripsman on the Cable
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Mrs. Donnelly
Address,	1635 Little Walsh st.
Remarks,	None

8920000973

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with costs, by warrant before any justice of the peace. Which fines and forfeitures are recoverable.

CITY REGISTRAR 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the [illegible] ...ained the full name of each child, if any shall have ...of its parents, the date and place of birth; and the ...cy of the form of a certificate between the first and ...of Health. In case the birth of any child ...midwifery, or should no other person be in ...become the duty of the person or parents of such ...within the period above required, and ...manner and with the provisions of this section shall be sub-...comply with the provisions of this section shall be sub-...fail to comply with the provisions of this section shall be sub-...to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	Oct 9th 1892
4. Place of Birth, (Street and Number)	# 314 N. Ann St
5. Full Name of Mother,	Sadonia Kennard
6. Mother's Maiden Name,	11 Stanley
7. Mother's Birthplace,	Baltimore City Md.
8. Full Name of Father,	Walter Alexandra Kennard
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return.	Susan Stamper
Address,	# 128 N Durham St.
Remarks,	8920000974

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 13 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White Race Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 224 Hanover St
4. Place of Birth, (Street and Number) Feb 9th 1892
5. Full Name of Mother, Becke Isagine Bechad
6. Mother's Maiden Name, Becke Isagine
7. Mother's Birthplace, Ohio
8. Full Name of Father, Tyler
9. Father's Occupation, Butyer
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8920000975

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 37797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7th 1892
4. Place of Birth, (Street and Number) 187 Aurora St
5. Full Name of Mother, Phyllis Murkett
6. Mother's Maiden Name, Phyllis Cox
7. Mother's Birthplace, England
8. Full Name of Father, Isaac Murkett
9. Father's Occupation, Shoemaker
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return,

Address, Dr. Kleinsorge

Remarks, 477 E. Lombard St

8920000976

FEB 13 1892

CITY OF BALTIMORE

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

37298.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 9th 92

4. Place of Birth, (Street and Number) 837 S. Paca

5. Full Name of Mother, Margaret Haas

6. Mother's Maiden Name, Winkelman

7. Mother's Birthplace, City

8. Full Name of Father, Henry Haas

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Jno. D. Blacer

Address,

Remarks, 8 9 2 0 0 0 0 9 7 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 9. 90
4. *Place of Birth, (Street and Number)* 1213 Hoffman Ave
5. *Full Name of Mother,* Lillie Mae Slagle
6. *Mother's Maiden Name,* " " Whalen
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frank T. Slagle
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Fred Dietrich M.D.

Address, 312 Oakland Ave

Remarks,

18920000978

Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 7-5-56

RETURN OF A BIRTH. A 37300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Marks

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Hebrew
3.	*Date of Birth,*	Feb 9. 1892
4.	*Place of Birth, (Street and Number)*	Orleans St. & L. McElderry
5.	*Full Name of Mother,*	Esther Marks.
6.	*Mother's Maiden Name,*	" Freedman
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	M. — Marks
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	William A. B. Sellman M.D.
	Address,	5. E. Biddle St.
	Remarks,	1892000979

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 9
4. *Place of Birth, (Street and Number)*	533 Dawson St
5. *Full Name of Mother,*	Emma Benson
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Benson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Morgan
Address,	412 Low St
Remarks,	1892000980

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37302.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether single or twin or triplet, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2nd.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby. 9. 92.
4. *Place of Birth, (Street and Number)*	339 Preston St
5. *Full Name of Mother,*	Virginia Merritt.
6. *Mother's Maiden Name,*	Carr.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Charles S. Merritt.
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Alfred Worstall M.D.
Address,	809 Cathedral St.
Remarks,	

8920000981

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

37303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9 1892
4. Place of Birth, (Street and Number) 911 N Carey
5. Full Name of Mother, Carrie Milburn
6. Mother's Maiden Name, Burgess
7. Mother's Birthplace, St Jos Mo
8. Full Name of Father, William L Milburn
9. Father's Occupation, Wholesale Liquor Dealer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Ira L Fetterhoff M.D.

Address, 905 N Gilmor St

Remarks,

1892000098 2

ascertained the full name of each child (if any), the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the delivering physician or midwife, and shall set forth as far as the same can be certificate between the first and third day of each and every month, all births which shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter, and within the period above required, and any such person report its birth to the Commissioner of Health. In the matter of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 12 1892

HEALTH DEPT. CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight Child
1. *Sex, (state whether male or female)*	Female Child
2. *Race or Color, (if not of the white race)*	White Child
3. *Date of Birth,*	Feb 9 — 92.
4. *Place of Birth, (Street and Number)*	338 S. Bridges St Balto City
5. *Full Name of Mother,*	Emma M. Bayliss
6. *Mother's Maiden Name,*	Emma M. Stiet
7. *Mother's Birthplace,*	Baltimore City Md.
8. *Full Name of Father,*	Edgar J. Bayliss
9. *Father's Occupation,*	Stain Fitter
10. *Father's Birthplace,*	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return.	Miss Mary Roaring
Address,	414 S. Bridges St Baltimore City
Remarks,	Mother and Child are Well

18920000983

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10
4. *Place of Birth, (Street and Number)* 1916 Patterson Av
5. *Full Name of Mother,* Sarah Ann Engel
6. *Mother's Maiden Name,* Sarah A Shafer
7. *Mother's Birthplace,* Winchester Carroll Co
8. *Full Name of Father,* John Christ Engel
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm J Bordley

Address, 2547 Fonerit St Ext

Remarks,

8 9 2 0 0 0 0 9 8 4

FEB 13 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 10. 92
4. *Place of Birth, (Street and Number)*	# 1203 Eager St
5. *Full Name of Mother,*	Elizabeth Grimath
6. *Mother's Maiden Name,*	Houser
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	Charles Grimath
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return,	Jno. A. Pickell. M.D.
Address,	1312. Ashland ave
Remarks,	8 9 2 0 0 0 0 9 8 5

CITY REGISTRAR
FEB 12 1892

...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 37307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10th 1892
4. Place of Birth, (Street and Number) 1148 Low St
5. Full Name of Mother, Mary Ann
6. Mother's Maiden Name, Ruby Marchan
7. Mother's Birthplace, Maryland
8. Full Name of Father, Sam Blue
9. Father's Occupation, Laborer
10. Father's Birthplace, Puerto Rico

Name of Medical Attendant, or other person who makes this Return,

Address, Little Maternity

Remarks, 477 E Lombard St

3920000986

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable

FEB 1892 HEALTH CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or, should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and form as by the provisions of this section shall be required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction, with other fines and forfeitures are recoverable.

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, February 11 1892
4. Place of Birth, (Street and Number) No 1345 Ward st
5. Full Name of Mother, Mary Christy
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, Cheards County md
8. Full Name of Father, Tonaus Christy
9. Father's Occupation, Cuber
10. Father's Birthplace, Baltimore County md

Name of Medical Attendant, or other person who makes this Return. Lucretia mills

Address, No 1443 ward st

Remarks, She is coming along very well considering

1892000987

SUN. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37309.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 1st of February 18[illegible]
4. *Place of Birth, (Street and Number)*	1008 Central Ave.
5. *Full Name of Mother,*	Theresa Stumm.
6. *Mother's Maiden Name,*	Theresa Eigner.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	William Stumm
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Christian Lauer
Address,	1052 Hanover
Remarks,	Baltimore Md.

8 9 2 0 0 0 0 9 8 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Neumann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 11th 1892
4. *Place of Birth, (Street and Number)*	2307 Eastern ave
5. *Full Name of Mother,*	Sophia Neumann
6. *Mother's Maiden Name,*	Sophia Ackermann
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Conrad Neumann
9. *Father's Occupation.*	Insurance Agent
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Taylor
Address,	615 South Patterson Park Avenue
Remarks,	1892000989

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth,*	Feb 11
4.	*Place of Birth, (Street and Number)*	~~513~~ Clifford St
5.	*Full Name of Mother,*	Mary Lizzie Mallory
6.	*Mother's Maiden Name,*	" " Cavanaugh
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Mallory
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs. M. Hourigan
	Address,	412 Dow 21
	Remarks,	8920000990

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother,* (*state whether* 1*st*, ~~2d, 3d, &c.~~)
1. ~~Sex~~ (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Feb. 11. 1892
4. *Place of Birth,* (*Street and Number*) 957 Pa. Ave.
5. *Full Name of Mother,* Emma L. Barker
6. *Mother's Maiden Name,* Emma L. Hopkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Barker
9. *Father's Occupation,* confectioner
10. *Father's Birthplace,* Ingersoll Ontario

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M.D

Address, 1027 Madison Ave.

Remarks,

8920000991

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 29 1892

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3-7313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 12th 1892
4.	*Place of Birth, (Street and Number)*	# 1151 Bowen St
5.	*Full Name of Mother,*	Katie E. Peck
6.	*Mother's Maiden Name,*	Katie E Smith
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Charles H. Peck
9.	*Father's Occupation,*	Glass Worker
10.	*Father's Birthplace,*	Saratoga Springs N.Y.
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Sara Jane Wilson # 115 Hughes St.
	Remarks,	full 9 months

1892 U 000992

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Feb 12
4. Place of Birth, (Street and Number) 41 Scott St.
5. Full Name of Mother, Mamie Tegen
6. Mother's Maiden Name, Kalmus
7. Mother's Birthplace, Balto
8. Full Name of Father, John Tegen
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Kenyon

Address, 412 Scott St

Remarks, 8920000993

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, February 12th 94.
4. Place of Birth, (Street and Number) 2137 E. Hoffman st.
5. Full Name of Mother, Manda Heinn
6. Mother's Maiden Name, Manda Kellough
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Heinn
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Charles H. A. Heyman

Address, 1019 N. Caroline st.

Remarks, Cynosure 8 7 3 0 0 0 9 9 4

J. S. SHLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 37316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 February 1892
4. *Place of Birth, (Street and Number)*	1261 Dallas St
5. *Full Name of Mother,*	Katie Langhead
6. *Mother's Maiden Name,*	Katie Feller
7. *Mother's Birthplace,*	Baltimore ~~Germany~~
8. *Full Name of Father,*	Martin Langhead
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Christina Lauer
Address,	1659 Hanover Ave Balt Md.
Remarks,	1 8 9 2 0 0 0 0 9 9 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-28-56

RETURN OF A BIRTH.

37317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles ~~Watson~~ Garrison

FEB 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 13th Feb 1892
5. *Place of Birth, (Street and Number)* 240 S Eden Ave
6. *Full Name of Mother,* Charlotte Garrison
7. *Mother's Maiden Name,* Lennie
8. *Mother's Birthplace,* Balt Md
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other person who makes this Return. M & Davenport

Address, 225 S Ann St

Remarks, Birth 2 0 0 0 9 6 But
Seemingly do fine doing well

Wm J C. Dulany Co., City Printers and Stationers.

mon to, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First Child

1. *Sex,* (state whether male or ~~female~~) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* February 13th 1892
4. *Place of Birth,* (Street and Number) No. 315 North Bond Street
5. *Full Name of Mother,* Mrs. Sarah Loretta Williams
6. *Mother's Maiden Name,* Miss S. E. Curran
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Stonewall Jackson Williams
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Anne Arundel County, Md

Name of Medical Attendant, or other person who makes this Return. Wm H Clendinen, M.D.

Address, 201 North Broadway

Remarks, 8920000997

1892

...ascertained the full name of each child (if any shall have ...month, and shall set forth as far as the same can be ascertained ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 13th 1892
4. Place of Birth, (Street and Number)	2112 N. Charles St.
5. Full Name of Mother,	Kate Bennett.
6. Mother's Maiden Name,	Kate Hinds.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	S. Frank Bennett.
9. Father's Occupation,	Brickmaker.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Jno. G. Powell. M. D.
Address,	2124 St. Paul St.
Remarks,	Child premature (7 mos + 3 weeks) but apparently healthy. Membranes ruptured 4 hrs. prior Labor Feb 13 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 3737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten 10

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Feb 13 1892
4. *Place of Birth (Street and Number),* 326 Wilder St
5. *Full Name of Mother,* Josephine Sans Williams
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm Sans
9. *Father's Occupation,* Engier
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Donaldson Nursing

Address, 1832 W Byrd St

Remarks, Mother doing well but child is Labor from Feb 13 to 9 P.M. Dr Ellis is in attendance

unformation of boils

Baltimore Publishing Co. City Printers and Stationers.

and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person who shall become the duty of the person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

3.7371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.) 7

1. *Sex (state whether male or female),* M
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* 14th Feby 92
4. *Place of Birth (Street and Number),* 626 Carrollton ave
5. *Full Name of Mother,* Carry D Carter
6. *Mother's Maiden Name,* Dutes
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm L Carter
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. C B Gambrill M D

Address, 9 2 S Calvert

Remarks,

1 8 9 2 0 0 0 1 0 0 0

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And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb. 14. 1892.
4. *Place of Birth, (Street and Number)* 572 walnut alley
5. *Full Name of Mother,* Charlotte Jones.
6. *Mother's Maiden Name,* Charlotte. Coats
7. *Mother's Birthplace,* Calvert. Co. Md.
8. *Full Name of Father,* Jack. Jones.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mary ann. Mason

Address, 37. walnut alley

Remarks, 8 9 2 0 0 0 1 0 0 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3-3655.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1892

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* February 3rd 1892
5. *Place of Birth, (Street and Number)* 1508 Augusta St
6. *Full Name of Mother,* Mollie J Pinder.
7. *Mother's Maiden Name,* Proctor
8. *Mother's Birthplace,* Balto.
9. *Father's Occupation,* Frederick H Pinder
10. *Father's Birthplace,* Clerk
    Name of Medical Attendant, or other person who makes this Return, Balto.
    Address, J H. Feldner M D
    Remarks, 1511 E Eager St

8920001002

the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race) White
3. Date of Birth, February 25 1892
4. Place of Birth, (Street and Number) 103 N. Fremont St
5. Full Name of Mother, Cora Dunding Wantland
6. Mother's Maiden Name, Dunding
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Wantland
9. Father's Occupation, Clerk (P. R. R. Co)
10. Father's Birthplace, Middletown Md

Name of Medical Attendant, or other person who makes this Return. Dr. L. Shear Jr. Sh.

Address, 8920 Reisterstown Rd

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in person or by some one of his family, to the office of the Commissioner of Health, at the Health Department Building, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of reporting such birth shall devolve upon the father, and in the absence of the father, upon the mother, immediately thereafter, and within the period above required, and attendance upon the mother, Commissioner of Health, at the Health Department Building, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child to report its birth to

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 6th 1892
4.	*Place of Birth, (Street and Number)*	1104 E Baltimore St
5.	*Full Name of Mother,*	Rosa Dorsey
6.	*Mother's Maiden Name,*	Bagwell
7.	*Mother's Birthplace,*	Richmond Va
8.	*Full Name of Father,*	Rosa Dorsey
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	New York State
	Name of Medical Attendant, or other person who makes this Return.	S. H. Feldner M.D.
	Address,	1501 E Eager St
	Remarks,	1892000 1004

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and in the absence of the father and parents and no other person be in attendance upon the mother immediately thereafter it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable

FEB 29 1892

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Feb. 1892
4. Place of Birth, (Street and Number) Market Space 118
5. Full Name of Mother, Minnie Hunter
6. Mother's Maiden Name, Bach
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Heller
9. Father's Occupation, Holland Railroad Keeper
10. Father's Birthplace, Holland

Name of Medical Attendant, or other person who makes this Return, C. Schumann

Address, 42 Albemarle St

Remarks, 1892 0001005

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	First
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 8th 1892.
4.	*Place of Birth, (Street and Number)*	1822 N Carolina Street.
5.	*Full Name of Mother,*	Amelia P Moore.
6.	*Mother's Maiden Name,*	Amelia P Knorr.
7.	*Mother's Birthplace,*	Saint Louis Mo
8.	*Full Name of Father,*	Jos W Moore.
9.	*Father's Occupation,*	Pharmacist.
10.	*Father's Birthplace,*	Annapolis Md.
	Name of Medical Attendant, or other person who makes this Return,	Saml J. Powell, MD.
	Address,	
	Remarks,	8920001006

RECEIVED CITY REGISTRAR 1892 FEB

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3-328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 1902
4.	*Place of Birth, (Street and Number)*	1021 Eastern Ave
5.	*Full Name of Mother,*	Mary E. Hoffman
6.	*Mother's Maiden Name,*	Mary E. Jerschlead
7.	*Mother's Birthplace,*	Balto. Md
8.	*Full Name of Father,*	Louis Hoffman
9.	*Father's Occupation,*	Dr Driver
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return.	G. L. Basket M.D.
	Address,	700 S. Broadway
	Remarks,	1 8 9 2 0 0 0 1 0 0 7

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th February 1892
4. *Place of Birth, (Street and Number)* 26 Market Place
5. *Full Name of Mother,* Anna Blumberg
6. *Mother's Maiden Name,* Brandt
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Max Blumberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 2 Eutaw Place

Remarks, 18920001008

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the proper informant, to the Commissioner of Health. In case the birth of any child shall occur without the mother, immediately thereafter, in the presence of the person or parents of such child to report its birth to the Commissioner of Health. The duty of the person or parents required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 8 1892
4. Place of Birth, (Street and Number) 1634 N. Broadway
5. Full Name of Mother, Mary Offmann
6. Mother's Maiden Name, Mary Madden
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm Offmann
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, ~~or other person who makes this Return.~~ Geo F. Taylor M.D

Address, 1254 N. Broadway

Remarks, 8920001009

month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or the person making the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 9th 1897
4.	*Place of Birth, (Street and Number)*	1139 E. Fabius St
5.	*Full Name of Mother,*	Sophia O. Krämer
6.	*Mother's Maiden Name,*	Borgmann
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Georg Krämer
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Philadelphia
	Name of Medical Attendant, or other person who makes this Return,	J. H. Feldmann M.D.
	Address,	1501 E. Eager St
	Remarks,	1892000101010

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the person in charge of the premises, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 9th
4. *Place of Birth, (Street and Number)* Baltimore, 411 Hamburg st
5. *Full Name of Mother,* Josephine Lucas
6. *Mother's Maiden Name,* Josephine Cooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Lucas
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Fredricksburg Va

Name of Medical Attendant, or other person who makes this Return, Mary E Baker

Address, 411 Hamburg st

Remarks, 8 9 2 0 6, Dell Orbel

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10th 92
4. Place of Birth, (Street and Number) 752 N. Smallwood Lo.
5. Full Name of Mother, Elizabeth Evans
6. Mother's Maiden Name, Elizabeth O'Brien
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Evans
9. Father's Occupation, Laborer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 720 Madison Ave

Remarks, 8920001012

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37,334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Feb 10th 1892
4.	*Place of Birth, (Street and Number)*	#6. Stinson St
5.	*Full Name of Mother,*	Mrs Mary Wittick
6.	*Mother's Maiden Name,*	Miss " Duchardt
7.	*Mother's Birthplace,*	Lauterbach Germany
8.	*Full Name of Father,*	Jacob Wittick
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Lauterbach Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W. Pratt
	Remarks,	8920001013

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the mother, immediately thereafter, to report such birth to the Commissioner of Health, in the manner aforesaid. Any physician or midwife who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex. (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	race colored
3. *Date of Birth,*	february 10th
4. *Place of Birth, (Street and Number)*	851 stockholm st
5. *Full Name of Mother,*	henreitta carson
6. *Mother's Maiden Name,*	henzetta chamber
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	stephen i chamber
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other person who makes this Return.	grace harris
Address,	818 stockholm st
Remarks,	1892 colored well

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date of their marriage, and the number of children born between the first and the present birth; and the sex, color, the full name and occupation of its parents, the date of their marriage, and the number of children born between the first and been conferred; its sex, color, the full name and occupation of the father, and the maiden name of the mother of any child said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child third day of each and every month to the office of the Commissioner of Health. If any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. SULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-27-56

RETURN OF A BIRTH

37336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Clarence Bump

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~State whether~~ male or ~~female~~)*
2. *Race or color, (~~if not~~ of the white race)*
3. *Date of Birth,* Feb 11th 1892
4. *Place of Birth, (Street and Number)* 315 La Fayette Ave
5. *Full Name of Mother,* Susie Estelle Bump
6. *Mother's Maiden Name,* Talbott
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Geo. C. Bump Jr
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C. Price M.D.

Address, 953 Madison Ave

Remarks, 8920001015

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th and 8th (Twins)

1. *Sex,* (*state whether male or female*) Male and Female
2. *Race or Color,* (*if not of the white race*) Black
3. *Date of Birth,* Feb 11/92
4. *Place of Birth,* (*Street and Number*) 523 Haugron Alley
5. *Full Name of Mother,* Mary Scott
6. *Mother's Maiden Name,* Mary Brooks
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Isaac Scott
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Julius Friedmann M.D.

Address, City Hospital

Remarks, 8920001016

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person in charge, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner it shall become the duty of the Commissioner of Health, in the manner aforesaid, to report the same to the Board of Health. Immediately thereafter

GIVEN NAME ADDED 1/27/1936 [illegible]

RETURN OF A BIRTH. 37331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Henning

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		3. Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Feb 12th 1892
4.	*Place of Birth, (Street and Number)*	#2216 Frederick Ave
5.	*Full Name of Mother,*	Mrs Louisa Henning
6.	*Mother's Maiden Name,*	Miss " Rasch
7.	*Mother's Birthplace,*	Saxon Germany
8.	*Full Name of Father,*	Mr Charles Henning
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Saxon Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2129 W Pratt Str
	Remarks,	8920001017

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37339.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)	1
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Black
3. Date of Birth,	Feb 13th 1892
4. Place of Birth (Street and Number),	1507 Park ave
5. Full Name of Mother,	Carrie Dorsey Hallin
6. Mother's Maiden Name,	Carrie Dorsey
7. Mother's Birthplace,	Howard Co.
8. Full Name of Father,	Lloyd Hallin
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Howard Co.
Name of Medical Attendant, or other person who makes this Return.	C B Gambrill
Address,	925 Eutaw St.
Remarks,	(Premature birth. Child only 4 mos. Mother

8920001018

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge of the case, at the office of the Commissioner of Health within ten days after the birth. In case the birth of any child shall occur upon the premises of a certificate between the first and third day of shall be delivered, duly signed by the practitioner or person in charge of the case, at the office of the Commissioner of Health within ten days after the birth. In case the birth of any child shall occur upon the premises of a certificate between the first and third day of each and every mouth to the office of the Commissioner of Health, or shall be found to exist, no other person be in attendance upon the mother, and no person or persons shall report its birth to the attendance of a physician or practitioner of the duty of the parents or persons above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 37340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)* X
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 13/92
4. *Place of Birth, (Street and Number)* 2026 E. Chew st
5. *Full Name of Mother,* Rose Lindsay
6. *Mother's Maiden Name,* Rose Ferguson
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm. Lindsay
9. *Father's Occupation.* Porter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, ~~or other person who makes this Return.~~ Geo. L. Layton M.D

Address, 1254 N. Broadway

Remarks, 8 9 2 0 0 0 1 0 1 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

KODAK D SAFETY FILM

over

RETURN OF A BIRTH. 37341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Roland Lee Baldwin

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 13th 92
4. Place of Birth, (Street and Number) 1340 Mc Henry st
5. Full Name of Mother, Catherine Baldwin
6. Mother's Maiden Name, " O'Donnell
7. Mother's Birthplace, Co. Cavan Ire
8. Full Name of Father, Amanza Baldwin
9. Father's Occupation, Brakeman
10. Father's Birthplace, Balti Co Md

Name of Medical Attendant, or other person who makes this Return. Thomas F Nicholas

Address, 1401 W. Fayette st

Remarks, 1892 0001020

Health. This schedule shall contain a list of the names ... the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* Saturday feby 13th 1892

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* Annie Hill

6. *Mother's Maiden Name,* Annie Shields

7. *Mother's Birthplace,* Somerset County

8. *Full Name of Father,* William Hill

9. *Father's Occupation,* Stone cutter

10. *Father's Birthplace,* Princess Anne

Name of Medical Attendant, or other person who makes this Return, Mary E. Maker

Address, 209 W. Hill St.

Remarks, full 8 A.2 4 0 0 1 0 2 1

FEB 17 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 14th 1895
4. *Place of Birth, (Street and Number)*	No. 523 Madison Alley
5. *Full Name of Mother,*	Mary Washington
6. *Mother's Maiden Name,*	" Wilson
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Leo Washington
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Susan Cooper
Address,	120 N Durham St.
Remarks,	

1892000022

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8.25.50

RETURN OF A BIRTH

37310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female TERESA
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Feby 14. 92
4. *Place of Birth, (Street and Number)*	170 Ly Linden ave.
5. *Full Name of Mother,*	Rebecca Cohen
6. *Mother's Maiden Name,*	" Dinsheimer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjamen Cohen
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Alfred Waulstatter M D
Address,	509 Cathedral St.
Remarks,	

1892 CITY REGISTRAR BALTIMORE

I hereby certify that I have within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892 0001023

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 37,314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 14th 1892
4. Place of Birth, (Street and Number) No 108. W. Biddle St
5. Full Name of Mother, L. A. Cooper
6. Mother's Maiden Name, " " Bailey
7. Mother's Birthplace, Caroline Co. Md.
8. Full Name of Father, Charles E. Cooper
9. Father's Occupation. Driver
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park ave

Remarks, 8920001024

Health. This schedule shall contain a list of the births which have occurred under the care of each physician or midwife during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 37346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* maile male
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* feb the 14 - 1872.
4. *Place of Birth, (Street and Number)* no 314 north - ann st bato
5. *Full Name of Mother,* virginia dixson
6. *Mother's Maiden Name,* virginia kersey
7. *Mother's Birthplace,* crisfield md
8. *Full Name of Father,* benjamar Dixson
9. *Father's Occupation,* bailsmaker
10. *Father's Birthplace,* cambridge md.

Name of Medical Attendant, or other person who makes this Return. miss hooper

Address, no 129 W Durham st.

Remarks,

8 9 2 0 8 8 1 0 2 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 20 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 15th 1892

4. Place of Birth, (Street and Number) 1911 Bryan Ave

5. Full Name of Mother, Charlotte A Bart

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles F Bart

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J H Goldsmith M.D.

Address, 1501 E Baltimore St

Remarks, 8920001026

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 37348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 15th
4. *Place of Birth, (Street and Number)*	775 W. Pratt st.
5. *Full Name of Mother,*	Mary Lehmert
6. *Mother's Maiden Name,*	" Becker
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Henry Lehmert
9. *Father's Occupation,*	Hardwood - finisher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn
Address,	418 S. Paca st.
Remarks,	8920001027

any name shall have been conferred, its sex, color, the full name, and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother at the birth, it shall then become the duty of the parent or parents of such child to report the same immediately thereafter to the Board of Health, in the manner, and within the period above required, except in the cases of births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FEB 1892

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37349.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 15 1892.
4. *Place of Birth, (Street and Number)* Lexington alley No 9
5. *Full Name of Mother,* Mary Smallwood
6. *Mother's Maiden Name,* Mary Turner
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Mary Turner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Conrad Jane Wilson

Address, No 115 west Fleet st

Remarks, Full 9 months

692 0 0 0 1 0 2 8

month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth to the Commissioner of Health, within the period above required, and child to report its birth to the Commissioner of Health, in writing, within the time and in the manner hereinafter provided. The provisions of this section shall be subject to the penalties imposed by section 12 of this article. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Tuesday Feb. 16th 9 hr (6 A.M.)
4. Place of Birth, (Street and Number)	602. N. Mount St
5. Full Name of Mother,	Eleanor Wright
6. Mother's Maiden Name,	Eleanor Lowry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Lot Sellman Wright
9. Father's Occupation,	Printer
10. Father's Birthplace,	Baltimore Co Goodings Neck Md.
Name of Medical Attendant, or other person who makes this Return.	
Address,	116. W Mulberry St
Remarks,	18920001029

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Feb 16/92
4. Place of Birth, (Street and Number) No 2049. Hanover. St.
5. Full Name of Mother, Lina Lächster.
6. Mother's Maiden Name, " Schroder,
7. Mother's Birthplace, Prussia.
8. Full Name of Father, H William Lächner.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other person who makes this Return, Annie Jones.

Address, No 1603 S Charles St.

Remarks, Jones 2 0 8 0 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the time and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge between the first and third day of each and every month to the office of the Commissioner of Health, or shall the birth of any child shall occur without the attendance of a physician or practitioner, or shall no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which ... or his or her care during the ... each child, if any, shall have ... and place of birth, and the ... ification between the first and ... case the birth of any child ... other person be in ... or parents of such ... it shall be required, and ... of this section shall be sub- ... forfeitures are recoverable

RETURN OF A BIRTH.

3732.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color race
3. *Date of Birth,* Feb 16 1892 Wednes morning 5 clock
4. *Place of Birth, (Street and Number)* Cleveland St 1352
5. *Full Name of Mother,* Laura Jones
6. *Mother's Maiden Name,* Laura Wilson
7. *Mother's Birthplace,* July 7. 1891
8. *Full Name of Father,* Thomas Jones
9. *Father's Birthplace,* Sailor
10. *Name of Medical Attendant, or other person who makes this Return,* Dec 24 1891 Lewvener Imedal

Address, Cleveland St Lewvener Mill

Remarks, is coming on 2 or 3 weeks to compiter

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37353.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 16th 1892
4. *Place of Birth, (Street and Number)*	No 1499 Sunsalt Court
5. *Full Name of Mother,*	Hannah Anderson
6. *Mother's Maiden Name,*	Hannah Hoof
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert anderson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	18920001032

Health. This schedule shall contain a list of the births which ... occu... each child (if any shall have ... full n... ate and place of birth; and the ... the full name and occupation ... the form ... certificate between the first and ... been conferred), its sex, color, ... duly signed by the practitioner in ... In case the birth of any child ... said schedule shall be delivered ... to the office of the Commissioner of ... jewelery, or should no other person of such ... third day of each and every month ... of the person or parents of ... shall occur without the attendance ... of a physician or practitioner ... the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall become and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and ... of this section shall be sub... any such person or persons who shall hereafter fail to comply with the ... provisions ... other fines and forfeitures are recoverable. ... jected to the fine of ten (10) dollars for each offense, to be recovered as

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37,337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Nelson Roff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 16 1892
4. Place of Birth, (Street and Number)	210 Patterson Pk Ave (South)
5. Full Name of Mother,	Mary Alice Roff
6. Mother's Maiden Name,	" " Hall
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Harry Roff
9. Father's Occupation,	Superintendent Balto United Oil Co
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J T Spicknall MD
Address,	14 N Patterson Pk Ave
Remarks,	18920001033

Health. And the said Return shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

CORRECTED SEE DOCUMENT FILED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Edna Amendt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb. 16th 11 A.M. 1892
4. Place of Birth (Street and Number), 1627 E Baltimore St
5. Full Name of Mother, Mary Catharine Amendt
6. Mother's Maiden Name, M. C. Leonhardt
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fred H. Amendt
9. Father's Occupation, Cigar Maker - Tobacconist
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D.

Address, 1701 Baltimore St East

GIVEN NAME ADDED. 2-11-52

Remarks,

18920001034

Baltimore Publishing Co., City Printers and Stationers

The name and residence of the physician or midwife in attendance upon each birth shall be ascertained by the Commissioner of Health, and the said physician or midwife shall be entitled to receive from the Commissioner of Health the sum of fifty cents for each birth reported by him or her, and verified by the testimony of the parents, or either of them, or by the testimony of some other person present at the birth, provided the said report be made within ten days after the birth occurs. Any physician or midwife who shall neglect or refuse to report any birth at which he or she was in attendance, within ten days after the birth occurs, shall forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

A 37,356.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feby 16 1892
4. *Place of Birth, (Street and Number)*	1138 Pine St
5. *Full Name of Mother*	Cora Anderson
6. *Mother's Maiden Name*	Osborne
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Buck Anderson
9. *Father's Occupation*	Market
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	W. M. Lewis M.D.
Address	1209 Druid
Remarks	

8920001035

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE 1892

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, trade, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE CITY FEB 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

Date of Birth Feby 17 1892

4. Place of Birth, (Street and Number) 1309 Mount

5. Full Name of Mother Hester Hughes

6. Mother's Maiden Name Breen

7. Mother's Birthplace America

8. Full Name of Father Harry Hughes

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. W. M. Lewis M.D.

Address 1309 Mount

Remarks

8920001036

RETURN OF A BIRTH 37338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Brown. Mulatto.
3. *Date of Birth,*	February. 18. 1892.
4. *Place of Birth, (Street and Number)*	W. Lee Street. No. 315.
5. *Full Name of Mother,*	Minta Wells.
6. *Mother's Maiden Name,*	Minta Hall.
7. *Mother's Birthplace,*	Annapolis. Md.
8. *Full Name of Father,*	James Wells.
9. *Father's Occupation,*	Driver of Grocery Wagon.
10. *Father's Birthplace,*	Baltimore City. Md.
Name of Medical Attendant, or other person who makes this Return.	Aug: F. Volkman. M. D.
Address,	No. 620. S. Eutaw St. Balt.
Remarks,	Neither of the parents of above Infant had a middle name.

8920001037

Health. This schedule shall contain a list of the births which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or the head of the family, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 37357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

CITY REGISTRAR'S OFFICE
FEB 20
1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 18th 92
4. Place of Birth, (Street and Number) No 2010 E. Chase St.
5. Full Name of Mother, Annie Steinmire
6. Mother's Maiden Name, Annie Harvey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Steinmire
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock M.D.

Address, 1242 N. Broadway

Remarks, 8920001038

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Feb. 1892
4. Place of Birth, (Street and Number) 1627 Shakespeare St
5. Full Name of Mother, Mary Zlowinska
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, John Zlowinski
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rosa Shuofska

Address, 1723 Thames St

Remarks, Issued 1 Jan 1892 Baltimore Md

8 9 2 0 0 0 1 0 3 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This return must be made within ten days after the birth, and as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts and forfeitures are recoverable.

FEB 20 1892

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, Feb. 19th 92
4. Place of Birth, (Street and Number) 29 N. Mount
5. Full Name of Mother, Sarah E Harlan
6. Mother's Maiden Name, " Daughaday.
7. Mother's Birthplace, B. Co
8. Full Name of Father, John T Harlan
9. Father's Occupation, Salesman
10. Father's Birthplace, B. Co

Name of Medical Attendant, or other person who makes this Return. Truman F Kilbourn

Address, 1401 W Fayette st

Remarks, ...

1 8 9 2 0 0 0 1 0 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(over)

RETURN OF A BIRTH. 37362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Finan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1st 1892
4. Place of Birth, (Street and Number) 410 Hanford Ave
5. Full Name of Mother, Mary Finan
6. Mother's Maiden Name, Brazier
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thomas Finan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Texas Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs Hanna Killeen

Address, 1038 E Monument St

Remarks, 3920001041

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Kinder

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* February 3
4. *Place of Birth, (Street and Number)* Lancaster str. 1624
5. *Full Name of Mother,* Lizie Majnecke
6. *Mother's Maiden Name,* Lizie Miller
7. *Mother's Birthplace,* MD Baltimor
8. *Full Name of Father,* August Majnecke
9. *Father's Occupation,* Germany
10. *Father's Birthplace,* Arbeiter.

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address,

Remarks, 18.9 2 3 0 0 Lo 828

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Kinder

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Neger
3. *Date of Birth,* 5th Februal
4. *Place of Birth, (Street and Number)* Aliziana str. 1707
5. *Full Name of Mother,* Malvine Marks
6. *Mother's Maiden Name,* Malvine Gast
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Frederick Marks
9. *Father's Occupation,* Stivitor
10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address, 18 Bond Str

Remarks, 8D843

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th 6th
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Feb 5 1892
4.	*Place of Birth, (Street and Number)*	1550 Hanover st.
5.	*Full Name of Mother,*	Hedwig Fleisher
6.	*Mother's Maiden Name,*	Gabe
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Oswald Fleisher
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Lobwasser midwife
	Address,	1032 Hanover st.
	Remarks,	

8920001044

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Kinda
1. Sex, (state whether male or female)	Mädchen
2. Race or Color, (if not of the white race)	Vajo
3. Date of Birth,	Februal 6
4. Place of Birth, (Street and Number)	Lancaster str. 1621
5. Full Name of Mother,	Annie Gajde
6. Mother's Maiden Name,	Annie Kucharecky
7. Mother's Birthplace,	Prajzy
8. Full Name of Father,	Stanislav Gajde
9. Father's Occupation,	Arbajtr.
10. Father's Birthplace,	Prajz
Name of Medical Attendant, or other person who makes this Return,	Marie Prell
Address,	
Remarks,	C 8 Bd D 6 8 3 9 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 7th 1902
4. *Place of Birth, (Street and Number)* 1612 Hollins St.
5. *Full Name of Mother,* Annie M. Louise O'Neill
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Edward McGuire
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Anna McGuire

Address, 1612 E. Hollins St

Remarks, 8920001046

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9th 1892
4. Place of Birth, (Street and Number) 25 E Pratt a Mile
5. Full Name of Mother, Kate L Bourne
6. Mother's Maiden Name, " " Adams
7. Mother's Birthplace, " " Baltimore
8. Full Name of Father, Thomas Bourne
9. Father's Occupation. Restaurant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo. L. Reynolds M.D.

Address, 711 W Lexington St.

Remarks,

8920001047

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

GIVEN NAME ADDED 7-27-55

RETURN OF A BIRTH.

37369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Tohman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11 1893
4. Place of Birth, (Street and Number) 1122 N Gilmore St
5. Full Name of Mother, Pauline Hohman
6. Mother's Maiden Name, Walch
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Hohman
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bernard Hillegeist

Address, 1103 E Monument St

Remarks, 1 8 9 2 0 0 0 1 0 4 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the name of each child, if any such live
been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person in charge of
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

37370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Male
3. *Date of Birth,* Feb. 2 9[illegible]
4. *Place of Birth, (Street and Number)* 270 S Fremont ave
5. *Full Name of Mother,* Lottie Eberhart
6. *Mother's Maiden Name,* Ottinger
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Robt Eberhart
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. J. M. Crumpton M.D.

Address, [illegible]

Remarks, 1 8 9 2 0 0 0 1 0 4 9

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing member of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 9th 97
4. Place of Birth, (Street and Number) 1135 Cleveland St.
5. Full Name of Mother, Annie Reed
6. Mother's Maiden Name, Annie Filby
7. Mother's Birthplace, St. Louis Mo.
8. Full Name of Father, Jefferson Reed
9. Father's Occupation, Brick layer
10. Father's Birthplace, Frederick city Md.

Name of Medical Attendant, or other person who makes this Return. Army C. Ohle M. D.

Address, 1703 W. Fayette St.

Remarks,

1 8 9 2 0 0 0 1 0 5 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Emma Otter

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1.	Sex, (state whether male or female)	female
2.	Race or Color, (if not of the white race)	
3.	Date of Birth,	Feb 12 1892
4.	Place of Birth, (Street and Number)	No. 33 Lee st.
5.	Full Name of Mother,	Anna Otter
6.	Mother's Maiden Name,	Fiegentche
7.	Mother's Birthplace,	America
8.	Full Name of Father,	August Otter
9.	Father's Occupation,	Laborer
10.	Father's Birthplace,	Germany
	Name of Medical Attendant, or other person who makes this Return,	J. Schwarzer midwife
	Address,	1032 Hanover st.
	Remarks,	1892000 1051

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 Kind.

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, 13 Februal
4. Place of Birth, (Street and Number) Rose Street 811
5. Full Name of Mother, Mari Sulhvan
6. Mother's Maiden Name, Mari Vanbokern
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Henry Sulhvan
9. Father's Occupation, Stivilor
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Marie Pell

Address,

Remarks, 4 9 Bond 924. 1882

CITY OF BALTIMORE FEB 23 1892

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-28-54

RETURN OF A BIRTH.

A 37374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Emma Rebecca Jubb First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 15th / 92
4. Place of Birth, (Street and Number)	86 cor Ann & Gough sts
5. Full Name of Mother,	Katie Jubb
6. Mother's Maiden Name,	Katie Byer
7. Mother's Birthplace,	Baltimore Co
8. Full Name of Father,	William Jubb
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return,	Mrs Rachel A. Taylor
Address,	238 S. Register st
Remarks,	Baltimore

1892 C 1892 1892 1892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, 14 Feb. 1892

4. Place of Birth, (Street and Number) 1318 Boyd St

5. Full Name of Mother, Mary Agnes

6. Mother's Maiden Name, Waters

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 112 Saratoga St

Remarks, 8920001054

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

FEB 23 1893

RETURN OF A BIRTH. 3736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	14th Feb 1893
4.	*Place of Birth, (Street and Number)*	416 Lexington St
5.	*Full Name of Mother,*	Hester P. Shemer
6.	*Mother's Maiden Name,*	Hester Milliken
7.	*Mother's Birthplace,*	Phila Pa
8.	*Full Name of Father,*	Fred C Shemer
9.	*Father's Occupation,*	gold Gilder
10.	*Father's Birthplace,*	Balti
	Name of Medical Attendant, or other person who makes this Return.	Mrs. Hunter
	Address,	23 N Payne Baltimore St
	Remarks,	1892000 1055

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 1-8-52

RETURN OF A BIRTH.

37377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Louis Mairose

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 16 Feb. 1892
4. Place of Birth, (Street and Number) No. 623 Bradford Ave.
5. Full Name of Mother, Lizzie ~~Hinrich~~ Mairose
6. Mother's Maiden Name, Henry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman ~~Meyer~~ Mairose
9. Father's Occupation, Sealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. L. Lewis

Address, 1907 E. Monument St.

Remarks, 1892 0001056

month, and shall set forth as far as the same [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation [illegible] its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner [illegible] the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Feb 17 1892
4.	*Place of Birth, (Street and Number)*	1604 Johnson st.
5.	*Full Name of Mother,*	Mary Gare
6.	*Mother's Maiden Name,*	Apple
7.	*Mother's Birthplace,*	America
8.	*Full Name of Father,*	George Gare
9.	*Father's Occupation,*	foreman in Tarfactory
10.	*Father's Birthplace,*	America
	Name of Medical Attendant, or other person who makes this Return,	J. Lowasee midwife
	Address,	1032 Hanover st.
	Remarks,	18920001057

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third day of each and every month to the office of the Commissioner of Health. In case the birth person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother immediately thereafter, to report the same, and within the period above required, and child to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

CITY REGISTRAR FEB 22 1892

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

Note.—It is the duty of the Attending Physician or Midwife to ascertain the full name of each child, (if any shall have been born alive,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

37379.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	17 Feb. 1892.
4. *Place of Birth, (Street and Number)*	429 W. Pratt,
5. *Full Name of Mother,*	Annie Kramer,
6. *Mother's Maiden Name,*	Spencer,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Geo. Kramer,
9. *Father's Occupation,*	Lithographer,
10. *Father's Birthplace,*	Germany,
Name of Medical Attendant, or other person who makes this Return.	J. F. Neale M.D
Address,	1007 W. Fayette
Remarks,	18920001058

FEB 1892

BALTIMORE CITY

J. C. MULANY & CO., CITY PRINTERS AND STATIONERS

37380.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 18th 1892
4. *Place of Birth, (Street and Number)* 2509 Lancaster
5. *Full Name of Mother,* Augusta Taskemyer
6. *Mother's Maiden Name,* Graumeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Taskemyer
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. S. P. Harrington

Address, 724 Bunney st

Remarks, 8920001059

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy L. Thomas

No. of Child of Mother, (~~state whether 1st,~~ 2d, ~~3d, &c.~~)

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, Feb 18 th 1892
4. Place of Birth, (Street and Number), 316 W. Preston St
5. Full Name of Mother, Alice Oleita Thomas
6. Mother's Maiden Name, Eward
7. Mother's Birthplace, Wayford Co Md
8. Full Name of Father, Mr J. Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Cecil Co Md

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks, 8 9 12 0 0 0 1 0 6 0 12-26-54 L-M.

CITY 1892 FEB 28

Health. This schedule shall contain a list of the births which have occurred in each house in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered under the ordinances governing fines and forfeitures are recoverable.

WM. J. O. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fist Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colerd
3. *Date of Birth,*	18 of Feb.
4. *Place of Birth, (Street and Number)*	955 Druid hill ave.
5. *Full Name of Mother,*	Emily C Howard.
6. *Mother's Maiden Name,*	Emily E. Hill.
7. *Mother's Birthplace,*	New Orleans.
8. *Full Name of Father,*	Perry A Howard
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Lyclastus Cook.
Address,	1005 Sheil Ave Alley
Remarks,	8920001061

Health. This schedule shall contain a list of the births which have occurred in each family, and the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	18th Feb
4. *Place of Birth, (Street and Number)*	923 Greenwillow court
5. *Full Name of Mother,*	Hattie Jones
6. *Mother's Maiden Name,*	Hattie Swann
7. *Mother's Birthplace,*	Charles county md
8. *Full Name of Father,*	Nathaniel Jones
9. *Father's Occupation,*	Drug gist
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Gulsiver
Address,	10.08 Cheles st
Remarks,	8920001062

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	18th day of Feb. 1892.
4.	*Place of Birth, (Street and Number)*	18 N. E. Broadway
5.	*Full Name of Mother,*	Maggie Hesel
6.	*Mother's Maiden Name,*	Maggie Weber
7.	*Mother's Birthplace,*	Essen Prussia
8.	*Full Name of Father,*	Fred Hesel
9.	*Father's Occupation,*	Shoemaker
10.	*Father's Birthplace,*	Saxon Prussia
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Payne Pellon St
	Remarks,	1892000 1063

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37385.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 18" 92
4. *Place of Birth, (Street and Number)*	146 Dolphin St.
5. *Full Name of Mother,*	Mary Andrews
6. *Mother's Maiden Name,*	Mary Stevens
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Edward C Andrews
9. *Father's Occupation,*	Stone Mason
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Albert L. Hadel M.D.
Address,	1131 Park ave
Remarks,	

1892 0001064

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		1. Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Feb 18th 1892
4.	*Place of Birth, (Street and Number)*	# 2127 Wilhelm Str
5.	*Full Name of Mother,*	Mrs Kate Kemp
6.	*Mother's Maiden Name,*	Miss " Eckert
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Mr Adam Kemp
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Darmstadt Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt Str
	Remarks,	1892 0001065

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 19 th 9r.
4. Place of Birth, (Street and Number) 2850 N. Lanvale St. Calvarian Annex
5. Full Name of Mother, Caroline Hoffmann
6. Mother's Maiden Name, Caroline Stieb
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Peter Hoffmann
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Chiles M.D.

Address, 703 N. Fayette St.

Remarks, 18.92 0001066

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] the duty of the person or parents of such attendance upon the mother, immediately thereafter [illegible] and within the period above required, and child to report its birth to the Commissioner of Health in the manner provided. The provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered 1892 any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 37388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, Commissioner of Health, in the manner provided in this section shall be sub- child to report its birth to the Commissioner of Health, in the manner provided in this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child Knabe
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	den 19 Feb 1892
3. *Date of Birth,*	Fidele Str No 1812
4. *Place of Birth, (Street and Number)*	Maria Kaufman
5. *Full Name of Mother,*	Degen
6. *Mother's Maiden Name,*	" Baltimore
7. *Mother's Birthplace,*	Adam Kaufman
8. *Full Name of Father,*	Schuhmacher Baltimore
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Maria Anna Mayer
Address,	Fidele Str No 1933
Remarks,	8 9 2 0 0 0 1 0 6 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37389.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 23 1892

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th Feb 1892
4. *Place of Birth (Street and Number)* Mount Royal Park near Ave
5. *Full Name of Mother* Josie Bush
6. *Mother's Maiden Name* Queen Bush
7. *Mother's Birthplace* New York
8. *Full Name of Father* Hugh Lenny Bush Jr
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos. D. Mumford M.D.

Address 1 W Read St

Remarks Child still born

8920001068

RETURN OF A BIRTH 37390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each house or other place, or in the practice of each midwife or other person, during the month, and shall set forth as far as the same can be ascertained, the full name of each child born, if any shall have been entered), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or by the person in charge of the house or other place, to the Registrar of Vital Statistics, the first Tuesday of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father or mother, or in the absence of both father and mother, the occupant of the house in which the birth occurs, or the nearest relative present, or the undertaker who shall be employed in the burial of the child, or any person who shall have knowledge of the birth, shall report the same within the period above required, and attendance upon the Commissioner of Health, in the manner and under the penalties provided in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 20 Feb 1892
4. Place of Birth, (Street and Number) 1508 Bank St
5. Full Name of Mother, Harriet Mack
6. Mother's Maiden Name, " Harper
7. Mother's Birthplace, Prince Ger Co, Md.
8. Full Name of Father, Joseph Mack
9. Father's Occupation, Caterer
10. Father's Birthplace, Chas. Co. Md

Name of Medical Attendant, or other person who makes this Return. Hester Hickson

Address, 405 Dallas St. Balto, Md

Remarks, 1892 0001069

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	20th of February 1892
4.	*Place of Birth, (Street and Number)*	2539 East Monument st.
5.	*Full Name of Mother,*	Ann Mary Molfinger
6.	*Mother's Maiden Name,*	Ann Mary Glatz
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Molfinger
9.	*Father's Occupation,*	Laborman
10.	*Father's Birthplace,*	Baltimae
	Name of Medical Attendant, or other person who makes this Return,	Cusintia Kunkel
	Address,	243 North Wapel st. per Justina Kunkel
	Remarks,	Healthy

6 9 2 0 0 0 1 0 7 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRAR FEB 23 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which ha[illegible] month, and shall set forth as far as the same can be ascertained [illegible] been conferred; its sex, color, the full name and occupation of [illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissioner [illegible] shall occur without the attendance of a physician or practitioner [illegible] attendance upon the mother immediately thereafter it shall be the duty [illegible] child to report its birth to the Commissioner of Health, in the manner [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

37392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 22nd 1892
4.	*Place of Birth, (Street and Number)*	1310 John St
5.	*Full Name of Mother,*	Mary H. Kelligan
6.	*Mother's Maiden Name,*	Mary Hogan
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	J. J. Kelligan
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Balt'y City
	Name of Medical Attendant, or other person who makes this Return,	Thos. F. McCormick M.D
	Address,	1421 Eutaw Place
	Remarks,	8920001071

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, 22 Februal

4. Place of Birth, (Street and Number) S. Bond str. 836

5. Full Name of Mother, Josefine Vozniak

6. Mother's Maiden Name, Josefine Kovaská

7. Mother's Birthplace, Prajzny

8. Full Name of Father, Jotan Vozniak

9. Father's Occupation, Arbajte

10. Father's Birthplace, Prajzn.

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address, S. Bond str. 836 1/2

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirth
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	February 2 1892
4.	*Place of Birth, (Street and Number)*	1135 Hanburg Street
5.	*Full Name of Mother,*	Amalia Stuart
6.	*Mother's Maiden Name,*	Amalia Gardner
7.	*Mother's Birthplace,*	Parkersburg W. Va.
8.	*Full Name of Father,*	August H. Stuart
9.	*Father's Occupation,*	Terra Cotta worker
10.	*Father's Birthplace,*	Vienna Austria
	Name of Medical Attendant, or other person who makes this Return,	Mrs Barge.
	Address,	711 Cross St.
	Remarks,	8920001073

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable

CITY REGISTRY 1892

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 3/92

4. *Place of Birth, (Street and Number)* 403 Hen St.

5. *Full Name of Mother,* Annie Melkins

6. *Mother's Maiden Name,* Abbott

7. *Mother's Birthplace,* Carroll Co. Md.

8. *Full Name of Father,* Chas E. Melkins

9. *Father's Occupation,* Effervescuan

10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1801 Madison Ave

Remarks, 8920001074

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 3

4. Place of Birth, (Street and Number) 602 Walker St

5. Full Name of Mother, Lena Schweinsberg

6. Mother's Maiden Name, Lena Neubert

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Schweinsberg

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Brown St

Remarks, 18920001075

FEB 24 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name, sex, color, the full name of each child, (if any shall have been conferred) its sex, date and place of birth; and the name and occupation of its parents, the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner in case there be no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 5/96
4. Place of Birth, (Street and Number)	532 Dilson St.
5. Full Name of Mother,	Johanna A. Moylan
6. Mother's Maiden Name,	O'Keefe
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	Joseph Agustus Moylan
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Christian M. D.
Address,	1801 Madison Ave
Remarks,	8920001076

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	~~Col~~ white
3.	*Date of Birth,*	10 Day of February
4.	*Place of Birth, (Street and Number)*	Burgundy Al. 944. Baltimore
5.	*Full Name of Mother,*	Annie Beneler
6.	*Mother's Maiden Name,*	" Carle
7.	*Mother's Birthplace,*	Germanica
8.	*Full Name of Father,*	Gabriel Beneler
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Germanica
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Benze
	Address,	711 Crest St
	Remarks,	8 9 2 0 0 0 1 0 7 7

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 31399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11 92
4. Place of Birth, (Street and Number) 172 Druid Hill Ave.
5. Full Name of Mother, Bertha Mustaum
6. Mother's Maiden Name, Flomboher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aron Mustaum
9. Father's Occupation, Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1801 Madison Ave

Remarks, 1 8 9 2 0 0 0 1 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	11th February Baltimore
4.	*Place of Birth, (Street and Number)*	Baltimore Lemmon St cor 926
5.	*Full Name of Mother,*	Lillie J Bachey
6.	*Mother's Maiden Name,*	Lillie J Mathias
7.	*Mother's Birthplace,*	Harpers Ferry W Va
8.	*Full Name of Father,*	James Henry Bachey
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Chas Barge
	Address,	711 Lemmon St
	Remarks,	8920001079

FEB 24 1892

BALTIMORE CITY HEALTH

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines under forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 12/92
4. Place of Birth, (Street and Number) 1504 Pennsylvania Ave
5. Full Name of Mother, Mary Lizzie Ward.
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Eedelin Ward.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1801 Madison Ave

Remarks, 18920001080

Wm. J. C. Dulany Co., City Printers and Stationers.

37402.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	24th January 1892
4.	*Place of Birth, (Street and Number)*	1128 Bank Street
5.	*Full Name of Mother,*	Maggie Seaquist
6.	*Mother's Maiden Name,*	Jack
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Jacob Seaquist
9.	*Father's Occupation,*	Upholsterer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	H E Krauss MD
	Address,	1101 Eastern Ave
	Remarks,	8920001081

Every Physician or Midwife in attendance upon births which have occurred under his or her care during the month, shall on or before the fifth day of the following month, deliver to the Registrar of Vital Statistics, Board of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable by law.

CITY REGISTRAR'S OFFICE FEB 24 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb. 12/92.
4. Place of Birth, (Street and Number)	809 Plowman St.
5. Full Name of Mother,	Lizzie Pagano
6. Mother's Maiden Name,	Healey
7. Mother's Birthplace,	America
8. Full Name of Father,	Louis Pagano
9. Father's Occupation,	Fruit dealer
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turner
Address,	19 N. Eden St.
Remarks,	1892000108 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or practitioner, the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3740f.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 24 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 M
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 24 th 1892
4. Place of Birth, (Street and Number)	12:26. west. Cross. st
5. Full Name of Mother,	Mary Elizabeth Austin
6. Mother's Maiden Name,	Mary Elizabeth Schroeder
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Wm F Austin. Jr
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Washington City
Name of Medical Attendant, or other person who makes this Return,	Miss Bowyer
Address,	711 Cross St.
Remarks,	8 9 2 0 0 0 1 0 8 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37405

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	Feb 14th 1892
4. *Place of Birth, (Street and Number)*	1130 Clarkson Alley
5. *Full Name of Mother,*	Lissy Stakell
6. *Mother's Maiden Name,*	" Hopkins
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Thomas Stakell
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Carolina Moore
Address,	49 N. West st Balto
Remarks,	

1 8 9 2 0 0 0 1 0 8 4

been conferred) its sex, color, the full name, and occupa... said schedule shall be delivered, duly signed by the pra... third day of each and every month to the office of the ... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person of persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offence, to be ... occupa... the pra... of the ... or practitioner ... after it ... health, ... fail to ... e. to be ... and ... been ... ...

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 24 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb. 14 /92
4. Place of Birth, (Street and Number)	116 S. Calhoun St.
5. Full Name of Mother,	Nellie Schaffer Ziegler
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	Jas. Schaffer
8. Full Name of Father,	Iron Moulder
9. Father's Occupation,	Balto.
10. Father's Birthplace,	Mrs. Jenny Turnt
Name of Medical Attendant, or other person who makes this Return.	198 N. Eden St.
Address,	
Remarks,	1 8 9 2 0 0 0 1 0 8 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained, the full name of each child, if any, and the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered at the office of the Commissioner of Health, or should no other person of such third day of each and every month to the physician or practitioner in case the birth of any child shall occur without the attendance of a physician or midwifery, of the person or parents of such shall occur without the mother, immediately thereafter it shall become the duty of the period above required, and attendance upon the mother, immediately of Health, in the manner and within the time of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) German, white
3. Date of Birth July 14 - 1892, 1/2 4. A. M.
4. Place of Birth, (Street and Number) 1529 Pennsylvania
5. Full Name of Mother, Mary Katherine Bockstein
6. Mother's Maiden Name, Daube
7. Mother's Birthplace, Klingelmünster, Hesse Darmstadt.
8. Full Name of Father, William J. Bockstein
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto - City, Maryland

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters, M.D.

Address, 1429 McCulloh St,

Remarks, Child was delivered six weeks —

1892 0001086

DR. E. G. WATERS
1429 McCulloh St,
BALTIMORE, MD.

and shall enter the same on a blank ... to be furnished ... the Board, ... and shall set forth as far as the same can be ... list of the births which have occurred under his or her care during the month, ... ascertained the full name of each child (if any shall have been omitted), ... color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be ... signed by the practitioner in the form of a certificate between the first and third day of each and every month ... Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or ... midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be ... the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

37408.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 15/92.
4. *Place of Birth, (Street and Number)*	1016 Eastern Ave.
5. *Full Name of Mother,*	Katie Ries
6. *Mother's Maiden Name,*	Fortenbaugh
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Ries
9. *Father's Occupation,*	Ice Driver
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turini
Address,	19 N. Eden St.
Remarks,	8920001087

NOTE. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then by the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRY FEB 17 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37409.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb. 15/92
5. *Place of Birth, (Street and Number)* 1806 Madison Ave.
6. *Full Name of Mother,* Antoinette Goldman
7. *Mother's Maiden Name,* Simon
8. *Mother's Birthplace,* New York
9. *Full Name of Father,* Louis Goldman
10. *Father's Occupation,* Salesman
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant, or other person who makes this Return,* J. H. Christian M.D.
13. *Address,* 1801 Madison Ave
14. *Remarks,*

1 8 9 2 0 0 0 1 0 8 8

register of such birth, and shall write the same in a plain and legible hand. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

A 37410.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 16th 1892
4. *Place of Birth, (Street and Number)* No: 522 Fredrick Ave
5. *Full Name of Mother,* Mary L Fredrick
6. *Mother's Maiden Name,* Mary A Levering
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Robert Mc Fredrick
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 18920001089

FEB 24 1892 HEALTH

Health. This Return must be made as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 37411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same, [illegible] to be furnished by the Commissioner of Health. This schedule shall contain a list of the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feby 16th 1892
4. *Place of Birth, (Street and Number)*	Mathews Av Waverly
5. *Full Name of Mother,*	Sally Agusta Bonner Close
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	Jesse F Barnes
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	R G Davis M.D.
Address,	1307 N Carrolton Av Balto Md
Remarks,	1 8 9 2 0 0 0 1 0 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Owen

3742.

RETURN OF A BIRTH

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained the full name of each child, of birth; and the full name and residence of its parents, the date and place between the first and been conferred), duly signed by the person in charge of the case, or in the absence of such person by the said schedule shall be delivered, duly to the office of the Commissioner of Health. In case the birth of any child third day of each month of a physician or practitioner in the Army or Navy of the United States, and shall occur without the attendance of a physician or practitioner of Medicine, the duty of the person or persons in charge of the mother, immediately thereafter it shall become the duty of such person or persons to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the child to report its birth to the Commissioner, hereafter, fail to do so, he shall become subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name of child: Alfred Pettersen Wistling Jr

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17 92
4. Place of Birth, (Street and Number) 1505 N Dallas St
5. Full Name of Mother, Mary C Wistling
6. Mother's Maiden Name, " " Bullock
7. Mother's Birthplace, Balto City
8. Full Name of Father, Chas W.A. Wistling
9. Father's Occupation, Engineer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. R G Davis M.D

Address, 1507 N Caroline St

Remarks, 8920001091

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 24 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 18/92
4. *Place of Birth, (Street and Number)*	1349 Carey St.
5. *Full Name of Mother,*	Rosa A. Griffith
6. *Mother's Maiden Name,*	Cleveland
7. *Mother's Birthplace,*	Howard Co. Md.
8. *Full Name of Father,*	Elwell L. Griffith
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Anne Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Christian M.D.
Address,	1801 Madison Ave
Remarks,	8920001092

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines. All forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 3744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 24 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 18 1892
4. Place of Birth, (Street and Number)	110 Jefferson Place
5. Full Name of Mother,	Sadie Burke
6. Mother's Maiden Name,	Sadie Cromer
7. Mother's Birthplace,	Ohio
8. Full Name of Father,	Saml. A. Burke
9. Father's Occupation,	Nurseryman
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return,	Joseph Blum M.D.
Address,	64 Columbia Ave
Remarks,	1892000 1093

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* February 15 th 1892

4. *Place of Birth, (Street and Number)* No: 88 Gaston Lane

5. *Full Name of Mother,* Emma Goldsmakes

6. *Mother's Maiden Name,* Emma Smith

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Goldsmakes

9. *Father's Occupation,* Hair - Spinner

10. *Father's Birthplace,* Baltimore Co:

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920001094

FEB 29 1892 BOH C

Wm J C. Dulany Co., City Printers and Stationers.

1892 = 2 RETURN OF A BIRTH. 37140.

GIVEN NAME ADDED 8-19-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Hellmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31, 1892

4. Place of Birth, (Street and Number) 1 E. Lexington St.

5. Full Name of Mother, Emma Hellmer

6. Mother's Maiden Name, Emma Bruce

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Henry Hellmer

9. Father's Occupation, Physician

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. H. Carter

Address, 1 E. Lexington St.

Remarks, Attended

18920001095

This schedule shall contain a list of the births which have occurred in each house or tenement in each district of each ward of the city of Baltimore, during the month preceding the date of the return of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the proper person, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

3714.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 31. 1892.
4. *Place of Birth, (Street and Number)* 907 Stiles Str.
5. *Full Name of Mother,* Auguste Limpert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Henry Limpert
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Cecilie Bernstein

Address, 122 S. Exeter Str.

Remarks, 8 9 2 0 0 0 1 0 9 6

register of such birth, and shall enter the same on a blank to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

3715 12

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	One Male one Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 31st 1892
4. *Place of Birth, (Street and Number)*	901 Edmondson ave
5. *Full Name of Mother,*	Julia Barlow
6. *Mother's Maiden Name,*	Julia Ryan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Barlow
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Pompelton St
Remarks,	8920001097

FEB 1892

HEALTH

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	31. first of January
4. *Place of Birth, (Street and Number)*	120. Hiler street Bal. Md
5. *Full Name of Mother,*	Mrs Mary Haggerty.
6. *Mother's Maiden Name,*	Mrs Mary Sheridan.
7. *Mother's Birthplace,*	County Cavan Ireland
8. *Full Name of Father,*	Mrs Patrick Haggerty
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Co Cavan Ire.
Name of Medical Attendant, or other person who makes this Return.	Anne C Smith.
Address,	
Remarks,	8920001098

FEB 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3744.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 31st 1897
4. *Place of Birth*, (*Street and Number*) 103 Chestnut st
5. *Full Name of Mother*, Mary Serick
6. *Mother's Maiden Name*, Daly
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, William Serick
9. *Father's Occupation*, Day Master
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Edward Carruthers

Address, 424 Bunting st Baltimore

Remarks, 8920001099

The schedule shall contain a list of the births of each child, (if any shall have been conferred) its sex, color, the full name of each child. (if any shall have been conferred) its sex, color, the full name of each child. (if any shall have been conferred) its sex, color, the full name of each child.

RETURN OF A BIRTH. 37140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 31. 1892.

4. Place of Birth, (Street and Number) Frosen St. No 1378

5. Full Name of Mother, Polena Whistinghausen

6. Mother's Maiden Name, Polena Lang

7. Mother's Birthplace, Germna

8. Full Name of Father, Louis Whistinghausen

9. Father's Occupation, Black Smith

10. Father's Birthplace, Germna

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, No 1618 Cuba St

Remarks, 1892000111 00

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of such person or persons who shall hereafter fail to report such birth to the Commissioner of Health, as aforesaid, to forfeit and pay such sum not exceeding ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 8 1892

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

37146.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether ~~1st~~, 2d, ~~3d~~, &c.*)

1. *Sex,* (*~~State whether~~ male ~~or female~~*)
2. *Race or color,* (*~~if not~~ of the white race*)
3. *Date of Birth,* Jan 31st 1892
4. *Place of Birth,* (*Street and Number*) 1543 Division St
5. *Full Name of Mother,* Laura Estelle Marshall Hartzell
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Wm Emmart Marshall
8. *Full Name of Father,* Clerk
9. *Father's Occupation,* Baltimore Co
10. *Father's Birthplace,* Elias C. Price M. D.

Name of Medical Attendant, or other person who makes this Return.

Address, 953 Madison Ave

Remarks, 8920001101

register of such birth, and shall enter in the same a list of the births which have occurred under the care of each such physician or midwife, if any shall have been in attendance upon the mother, immediately after the birth of each child, if any shall have been conferred) its sex, color, the full name of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, as aforesaid, it shall be the duty of the person or persons in charge of the house where such birth shall occur, or of the parents of such child, within the period above required, and attendance upon the mother, immediately after the birth of each child, if any shall have been in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRAR 1892 FEB 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 of Dec
4. *Place of Birth, (Street and Number)* 904 Whatcoat St
5. *Full Name of Mother,* Millie Johnson
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible] City
8. *Full Name of Father,* Thomas Sylvester
9. *Father's Occupation,* driver for [illegible] Laundry
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Moby LeDoux

Address, 1121 Saratoga St

Remarks, 8920001102

register of such birth, and shall enter the same [illegible] in a book to be kept for that purpose. Such register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. RULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 27th December
4. Place of Birth, (Street and Number) 1014 Druid Hill Ave.
5. Full Name of Mother, Annie Williams
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charlie Williams
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Nettie Watkins

Address, 704 Preston

Remarks,

8920001103

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 36139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16th of December, 1871
4. Place of Birth, (Street and Number)	77 Cedar Ave
5. Full Name of Mother,	Agnes F. Williams
6. Mother's Maiden Name,	Howard
7. Mother's Birthplace,	Balto County Md.
8. Full Name of Father,	John Williams
9. Father's Occupation,	Car inspector at Calvert station
10. Father's Birthplace,	Balto Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. May A. Martin
Address,	2804 Cedar Ave
Remarks,	Please send me another record Book if only have one more Report

8 9 2 0 0 0 1 4 1 0 4

1892

REGISTERED

DEC 30 1892

C. OF BALTIMORE

register of such births, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the 1st and 5th third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, he, she or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be guilty of a misdemeanor, and upon conviction thereof in any court of competent jurisdiction, shall be punished by a fine not exceeding one hundred dollars, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Dec. 1891
4. Place of Birth, (Street and Number) 23 south Castel st.
5. Full Name of Mother, Mary A. Long
6. Mother's Maiden Name, Mary A. Bant
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Long
9. Father's Occupation, Citar maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary A. M. Dicard

Address, 404 north Washington st

Remarks, in tended to remain when Registered.

8920001105

Wm J C. Dulany Co., City Printers and Stationers.

Health.
...ascertained the full name of each child in the same shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 36144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 17
4. *Place of Birth, (Street and Number)*	Carroll av corner 14
5. *Full Name of Mother,*	Annie Sohns
6. *Mother's Maiden Name,*	Annie Raab
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Sohns
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Wicks
Address,	Carroll Pl c.
Remarks,	8920001106

Notice. This schedule shall contain a list of the births which occur in each family, and the full name of each child, if any shall have been born, and shall be signed by the parent, or other person having knowledge of the facts, and delivered to the Registrar of Vital Statistics, Board of Health

RETURN OF A BIRTH A 36147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMO[redacted] CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 20th 1891
4. *Place of Birth, (Street and Number)*	1505 Orleans St.
5. *Full Name of Mother,*	Laura Lewis
6. *Mother's Maiden Name,*	Neal
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Jno. T. Lewis
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return	W. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	8920001107

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

36143

GIVEN NAME ADDED 11-23-53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Adele Bryan Foster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	M & F.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 22nd 1892 (1891) 91
4. *Place of Birth, (Street and Number)*	1446 E. Monument St.
5. *Full Name of Mother,*	Martha Foster.
6. *Mother's Maiden Name,*	Burton.
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Jos. Foster.
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return	N. T. Reynolds M.D.
Address,	2004 E. Baltimore St.
Remarks.	

6920001108

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 36144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White.
3. Date of Birth, Dec. 27th 1891
4. Place of Birth, (Street and Number) 940. N. Washington St.
5. Full Name of Mother, Elizabeth Peters.
6. Mother's Maiden Name, Elizabeth Zimmerman
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Joseph Peters
9. Father's Occupation, Sailor and Cutler.
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return Dr. John Davis

Address, 2102. Oldesand St.

Remarks, Natural Delivery

8 29 0 0 1 1 0 9

Health. This schedule shall contain a list of the names of the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

3614.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* December 18th 1878
4. *Place of Birth, (Street and Number)* Second above Eutaw
5. *Full Name of Mother,* Ella Tillman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Tillman
9. *Father's Occupation,* Oyster Opener
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Anna Tarrant

Address, 114 Durham St

Remarks,

1892 0001110

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) African (Black).
3. Date of Birth, Dec. 29th 1891
4. Place of Birth, (Street and Number) 110. S. Madeira Alley
5. Full Name of Mother, Annie Spriggs
6. Mother's Maiden Name, Annie Liddick.
7. Mother's Birthplace, Baltimore County Maryland.
8. Full Name of Father, William Spriggs
9. Father's Occupation, Waiter
10. Father's Birthplace, Prince George County Maryland.

Name of Medical Attendant, or other person who makes this Return Dr. John Davis

Address, 2102 Oldham St

Remarks, Natural

Heath. This Schedule must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the names of each child (if any shall have been delivered), and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been delivered), its sex, color, the full name and occupation of its father, the date and the month, and shall set forth as far as the same can be ascertained the first and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29/91
4. *Place of Birth, (Street and Number)* 724 E. Biddle Ste
5. *Full Name of Mother,* Lillie W. Hellmuth
6. *Mother's Maiden Name,* Lillie W. Shocke
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Harry L. Hoffman
9. *Father's Occupation,* Expressman.
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Wooden

Address, #724 E. Biddle Ste 936 Fremont Ave

Remarks, 8920001112

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 36148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 Dec
4. *Place of Birth, (Street and Number)* 202 Parish alley
5. *Full Name of Mother,* Maggie Pedrick
6. *Mother's Maiden Name,* Ott
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jacob Peddrick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Thad LeDoux

Address, 112 Saratoga st

Remarks, 8 9 2 0 0 0 1 1 1 3

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the sex, color, the full name of each child, if any shall have been conferred, its date and place of birth, and the name in the form of birth. In case the birth of any child is not delivered, duly signed by the practitioner or person in charge, to the office of the Commissioner of Health, or should no other person be in said schedule shall be every month to the physician or practitioner of Health, or should no other parents of such third day of each and the attendance of a midwife, or should no other person or required, and shall occur without the mother, immediately thereafter it shall become the duty of the person or persons who shall be subattendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subchild to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 36149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 30 th December 1891

4. *Place of Birth, (Street and Number)* 1090 E Front St

5. *Full Name of Mother,* Mary Fitzpatrick

6. *Mother's Maiden Name,* Mary Lutley

7. *Mother's Birthplace,* England

8. *Full Name of Father,* James B Fitzpatrick

9. *Father's Occupation,* Tinsmith

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah Woodson

Address, 196 Lancaster St

Remarks, 8 9 2 0 0 0 1 1 1 4

This schedule shall contain a list of the birth (within the limits of any city or county) of any child (if any shall have been born) during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, the maiden name of the mother, and the place of birth of each parent. In case no child shall have been born within the limits of any city or county during any month, the fact shall be reported in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, or should no other person be in attendance at the birth, it shall be the duty of the person or parents of such shall occur without the attendance of a physician or midwifery, to the office of the Commissioner of Health. In case no other person be in child to report its birth to the Commissioner of Health, the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 36150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	31th Dec
4. *Place of Birth, (Street and Number)*	1401 E Anthony st
5. *Full Name of Mother,*	Mary Olert
6. *Mother's Maiden Name,*	Streib
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Olert
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Eager st
Remarks,	1 8 9 2 0 0 0 1 1 1 5

Health. This schedule shall contain a list of the names of the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered for fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 14 to 1892
4.	*Place of Birth, (Street and Number)*	1511 Byrd
5.	*Full Name of Mother,*	Mollie Hall
6.	*Mother's Maiden Name,*	Mollie Carey
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	Thomas Hall
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	C A Tully
	Address,	1828 Light St
	Remarks,	Dairy Mill

8 9 2 0 0 0 1 1 1 6

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been named, its sex, color, the date and place of birth, and the full name and occupation of the parents. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3718.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 13th 1892
4.	*Place of Birth, (Street and Number)*	60 Carrington & Douglas
5.	*Full Name of Mother,*	Kate Cathell
6.	*Mother's Maiden Name,*	Kate Sheridan
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	Robert Cathell
9.	*Father's Occupation,*	Tube Maker
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	E. A. Tully
	Address,	625 Light St
	Remarks,	Dairy Well

8 9 2 0 0 0 1

CITY OF BALTIMORE JAN 1892 REGISTERED

Health. This schedule shall contain a list of the births which have occurred since its last previous return, and shall be returned on the first day of each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 birth 2 Twins

1. *Sex, (state whether male or female)* Males

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 18 th 1892

4. *Place of Birth, (Street and Number)* 116 E Pilling St

5. *Full Name of Mother,* annie Fisher

6. *Mother's Maiden Name,* annie Gardner

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* James D Fisher

9. *Father's Occupation,* Ship Corker

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Dulby

Address, 1825 Light St

Remarks, Doing Well

6 9 2 0 0 0 1 1 1 8

CITY 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents. In case the birth of any child said schedule shall be delivered, duly signed by the practicing physician or midwife, to the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and shall occur without the attendance of a physician or midwife, the mother shall herself make return of the birth. And the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-29-56

37150.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James August Neal

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 21st 1892

4. Place of Birth, (Street and Number) 1720 Battery ave

5. Full Name of Mother, Kate Schwartz

6. Mother's Maiden Name, Kate Neal

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James R Neal

9. Father's Occupation, Wagon Driver

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, C A Dilly

Address, 1828 Light St

Remarks, Dairy Mail

69200011119

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the full name of each child, if any shall have been born alive within the city of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in attendance, or by the parents, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any practitioner of medicine or midwifery, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male White
2. Race or Color, (if not of the white race)
3. Date of Birth, January 24 1891
4. Place of Birth, (Street and Number) 263 W Lanvale St
5. Full Name of Mother, Laura Batcher
6. Mother's Maiden Name, Laura Bitters
7. Mother's Birthplace, Hagerstown Md
8. Father's Occupation, Martin Batcher
9. Father's Birthplace, Hooper's Island Md
10. Name of Medical Attendant, or other person who makes this Return, C A Tully
Address, 1525 Eutaw St
Remarks, Caring Well

8920001120

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

This schedule shall contain the same can be ascertained the full name of each child, if any shall have been born alive within the month; and the date and place of birth; and the sex, color, and occupation of the parents, if the same can be ascertained. In case the birth of any child shall not be registered within the period above required, and said schedule shall be delivered with to the physician or person who shall have been conferred in this section of this section shall be subject to the fines and forfeitures are recoverable

CERTIFICATE CORRECTED 2-19-52

RETURN OF A BIRTH.

A 37152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie ~~Sophronia~~ Collette

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 29th 1912
4.	*Place of Birth, (Street and Number)*	1710 Fifth Avenue
5.	*Full Name of Mother,*	Emma (~~Emmie~~) (~~Carter~~) Collette
6.	*Mother's Maiden Name,*	Emma E. Irwin
7.	*Mother's Birthplace,*	Zella Reed
8.	*Full Name of Father,*	James H. (~~Colbert~~) Collette
9.	*Father's Occupation,*	Engineer
10.	*Father's Birthplace,*	Penn
	Name of Medical Attendant, or other person who makes this Return.	C. A. Selby
	Address,	1828 Light St
	Remarks,	Davis Med

1892 CITY OF BALTIMORE

1892 1912

1892 1912

1892 1912

RETURN OF A BIRTH 37133.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within six days thereafter, and color of the child if other than white, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 13 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 30
4. *Place of Birth, (Street and Number)*	Balt Dunbar Al
5. *Full Name of Mother,*	Josephine Johnson
6. *Mother's Maiden Name,*	Josephine Jones
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Geo Johnson
9. *Father's Occupation,*	General laborer
10. *Father's Birthplace,*	57. Dunbar Valley
Name of Medical Attendant, or other Person who makes this Return.	Sarah A Jones
Address,	191 Dunbar Al
Remarks,	The Child is healthy & strong

8920001122

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 37154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 24th 1892
4.	*Place of Birth, (Street and Number)*	2628 Maryland Ave
5.	*Full Name of Mother,*	Ellen Hughes
6.	*Mother's Maiden Name,*	Ellen Hazel
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Peter Hughes
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	C H Everhart MD
	Address,	213 W Hamilton Ave
	Remarks,	8920001123

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth to the Commissioner of Health, the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE FEB 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37/50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colrd.
3. *Date of Birth,*	Jan. 6th 1892
4. *Place of Birth, (Street and Number)*	Montgomery St 219 West
5. *Full Name of Mother,*	Martha Jenkins
6. *Mother's Maiden Name,*	Stuart
7. *Mother's Birthplace,*	Queen Anne Co. Md
8. *Full Name of Father,*	John Jenkins
9. *Father's Occupation,*	Fireman on Str. Boat
10. *Father's Birthplace,*	Caroline Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Annie M. Davis
Address,	801 Thurm alley
Remarks,	

8920001124

and shall enter the same on a blank schedule to be furnished during the [illegible] and shall enter the full name and occupation of its list of the births which have occurred under his or her care during the [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37156.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th 1892
4. Place of Birth, (Street and Number) Balt N. Patterson P. Avenue No. 450
5. Full Name of Mother, Mrs Mary B. Vanhorn
6. Mother's Maiden Name, Mrs Mary B. Burnett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Wm H. Vanhorn
9. Father's Occupation, Baltimore
10. Father's Birthplace, Garfield

Name of Medical Attendant, or other person who makes this Return, Mrs Joachim Krueger

Address, No 2026 E. Fayette St. Balt Md.

Remarks, 1892000125

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 17th 1892
4. *Place of Birth, (Street and Number)* Baltimore Fairmount Avenue No. 1809
5. *Full Name of Mother,* ~~Mrs Milford Baker~~ Mary Baker
6. *Mother's Maiden Name,* Mrs Mary Caitley
7. *Mother's Birthplace,* Limerick Ireland
8. *Full Name of Father,* ~~Mr Mary Baker~~ Milford Baker
9. *Father's Occupation,* Tea Dealer
10. *Father's Birthplace,* Harford Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Josafin Krueger

Address, No ~~1311~~ 2026 E. Fayette St Balt. Md.

Remarks, 1892 0001126

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or person in charge of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 30 1892
4. *Place of Birth, (Street and Number)* No 1345 E Gay Street
5. *Full Name of Mother,* Mrs. Emily Elizabeth Pfeiffer
6. *Mother's Maiden Name,* Miss E. A. Dinnel
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr. George Pfeiffer
9. *Father's Occupation.* Seed Store (Horse Feed)
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm A Clendinen, M.D.

Address, 201 North Broadway

Remarks, The neighbor next door to Mrs. Pfeiffer applied in a case of Emergency, though the Mrs. had a Dr. but he was 2 squares to upstairs

FEB 10 1892

Births which have occurred during this month. This schedule shall contain a list of the births which have occurred in each ward of the city during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month of a physician or practitioner to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37159.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	31st Jan.
4. *Place of Birth, (Street and Number)*	1036 E. Howard St
5. *Full Name of Mother,*	Estella Gramby
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	Harry Rannold
9. *Father's Occupation,*	Plaster
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	M. S. Gramby
Address,	1035 Howard St.
Remarks,	1 8 9 2 0 0 0 1 1 2 8

Baltimore ... shall enter the same on a blank schedule ... be furnished by the Commissioner to ... birth and shall enter the same on a blank schedule ... be furnished by the Commissioner to register of such birth and shall enter the same on a blank schedule which shall be furnished by the Commissioner to the midwife in attendance upon the mother, or her care during the month, and shall set forth as far as the same occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same and occupation of its parents, if any shall have been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance of a physician or midwife, it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE CORRECTED 2-8-65

NAME: Catherine Margaret Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 January, 1892
4. Place of Birth, (Street and Number) 901 Gai St.
5. Full Name of Mother, Mary L. ~~Finch~~ Fink
6. Mother's Maiden Name, Braun
7. Mother's Birthplace, Ball. city
8. Full Name of Father, Franch ~~Linch~~ Fink
9. Father's Occupation, undertacher
10. Father's Birthplace, Ball. city

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent Ave.

Remarks, 1892000111 29

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, the parents of such attendance upon the mother immediately thereafter it shall be the duty of the person required, and Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a statement of the full name of each child, if any shall have been ascertained the full name can be ascertained the same and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FEB 24 1892

RETURN OF A BIRTH.

3717 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1st 1892
4. Place of Birth, (Street and Number) 2020 Guilford St.
5. Full Name of Mother, Sarah F Gray
6. Mother's Maiden Name, Monk.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis M. Gray
9. Father's Occupation, Driver Baker's Wagon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M. D.

Address, 1801 Madison Ave.

Remarks, 1892000130

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 2 of Jan
4. Place of Birth, (Street and Number) 108 Green St
5. Full Name of Mother, Annie Martin
6. Mother's Maiden Name, Annie
7. Mother's Birthplace, Balto
8. Full Name of Father, Benjamin Martin
9. Father's Occupation, Coal Passer
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Angeline Wilson

Address, 218 Cross St

Remarks, 1892000131

Health. This schedule shall contain a list of the names of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	male (CHARLES R.)
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 22' 92
4.	*Place of Birth, (Street and Number)*	567 Dolphin st
5.	*Full Name of Mother,*	Mrs Alice L Spaulding
6.	*Mother's Maiden Name,*	" Bowring
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Chas. E Spaulding
9.	*Father's Occupation,*	Real estate & collecting
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	T C Worthington
	Address,	840 W Fayette st
	Remarks,	1892000132

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 2d '92
4.	*Place of Birth, (Street and Number)*	738 Lytle St
5.	*Full Name of Mother,*	Mrs Rosa Frazer
6.	*Mother's Maiden Name,*	" Mahon
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Joseph W. Frazer
9.	*Father's Occupation,*	Ship. Broker
10.	*Father's Birthplace,*	Va
	Name of Medical Attendant, or other person who makes this Return,	T C Worthington
	Address,	840 W Fayette St
	Remarks,	1 8 9 2 0 0 0 1 1 3 3

This schedule shall contain a list of the births, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of each parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance or person who shall have been present at the birth of any child, to the office of the Commissioner of Health within the first three days of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner in the healing art, it shall be the duty of the mother, immediately thereafter it shall be practicable, to report its birth to the Commissioner of Health, in the absence of the mother, any person or persons present at the birth of a certificate of the birth of any child attendance upon the mother, shall be subject to the penalty hereinafter provided. In case no other person be in child to report its birth to the Commissioner of Health, the mother shall be subject to the penalty hereinafter provided. In the absence of the mother, any person or persons present at the birth of any child shall report its birth to the Commissioner of Health, and it shall be the duty of such person or persons, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ~~Female~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1-3-97

4. Place of Birth, (Street and Number) 115-W. Lombard st

5. Full Name of Mother, Margaret Malone

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Green

Address,

Remarks, 1892000 1134

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health, in case no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 39175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 5 of Jan
4. Place of Birth, (Street and Number) No 240 Hemettia
5. Full Name of Mother, Susan Turner
6. Mother's Maiden Name, Mary
7. Mother's Birthplace, Balto
8. Full Name of Father, James Turner
9. Father's Occupation. Coal passer
10. Father's Birthplace, Va Virginia

Name of Medical Attendent, or other person who makes this Return, Angline Gilson

Address, 218 W Croze St

Remarks, Dead Born Baby it was Smother in it Birth 21 D 0 0 1 1 3 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the [illegible] name of each child of any such [illegible] month, and shall set forth, as far as the same can be ascertained the full name of its parents, the date and place of birth, and the month, and shall set forth, as far as the same can be ascertained the full name of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of each parent, the date of the marriage, and the place of residence between the first and said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 6 January
4. Place of Birth, (Street and Number) 802 Willow St.
5. Full Name of Mother, Thate Thomas Murphy
6. Mother's Maiden Name, Ball. wife
7. Mother's Birthplace, Thome Connor
8. Full Name of Father, [illegible]
9. Father's Occupation, Ball. wife. Walker
10. Father's Birthplace, [illegible] Anna
Name of Medical Attendant, or other person who makes this Return, 928 N. Carl Av.
Address, 1892 0001136
Remarks,

Health. This schedule shall contain a list of the births [illegible] have occurred under [illegible] of the same can be ascertained, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth; and the sex, color, the full name by the physician or practitioner in attendance upon the birth of any child been conferred, duly signed by the commissioner of Health. In case the birth of any child said schedule shall be delivered, or should no other person be in said schedule shall be delivered, duly signed by the physician or practitioner in attendance upon the birth of such third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such shall occur without the mother, immediately thereafter, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WAR 3 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, color, sex and parentage of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the person, or parents of such child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the mother, within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan the 7
4. Place of Birth, (Street and Number) No 708 St Peter St.
5. Full Name of Mother, Anne Mack
6. Mother's Maiden Name, Anne Weigand
7. Mother's Birthplace, Deisen
8. Full Name of Father, Charles Mack
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Catherine Seebade 735 N Pratt

Address, St Balt Md

Remarks, 8920001137

RETURN OF A BIRTH. 3718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 1-7-92
4. Place of Birth, (Street and Number) 115 N. Longard St
5. Full Name of Mother, Virginia Harper
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Charles Brent

Address,

Remarks, 1892000138

CITY OF BALTIMORE 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

37179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, of such child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 24 1892

HEALTH CITY

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan. 8th 1892
5. *Place of Birth, (Street and Number)* 201 Paulina St
6. *Full Name of Mother,* Lilly Robertson
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Hartfield Mass
9. *Father's Occupation,* Asst Editor
10. *Father's Birthplace,* Grant Agent

Name of Medical Attendant, or other Person who makes this Return — Delegate

Address, 2 P.R. C. South

Remarks, 931 Hollins St

1 8 9 2 0 0 0 1 1 3 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 97180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1-28-91

4. Place of Birth, (Street and Number) 115 W. Lombard

5. Full Name of Mother, Maggie Welch

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Ga.

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Greene
115 W Lombard St

Address,

Remarks, 1892000140

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the case may be the date and place of birth; and the occupation of its parents, the date of their marriage, and the place of birth; and the practitioner in charge shall certify to the correctness of the certificate between the first and been conferred) its sex, color, the full name and occupation of the parents, the date of their marriage, and the place of birth; and the practitioner in charge shall certify to the correctness of the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge, to the person, or parents of such third day of each and every month to the office of the Commissioner of Health. Provided, that in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tained the full name of each child, if any shall have
month, and shall set forth as far as the same can be ascertained
of its parents, the date and place of birth, and the
er in the form of a certificate between the first and
sioner of Health. In case the birth of any child
titioner of midwifery, or should no other person be in
become the duty of the person or parents of such
ll within the period above required, and
he manner and within the provisions of this section shall be sub-
mply with the provisions of this section shall hereafter fail to com-
ecovered as other fines and penalties are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37181

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* January 10th 1892
5. *Place of Birth, (Street and Number)* 1501 E. Eager St
6. *Full Name of Mother,* Elizabeth L Patterson
7. *Mother's Maiden Name,* Mc Dermott
8. *Mother's Birthplace,* Balto County
9. *Full Name of Father,* Albert L Patterson
10. *Father's Occupation,* Fireman
11. *Father's Birthplace,* Washington D.C
12. *Name of Medical Attendant, or other person who makes this Return,* F H Sellers M.D.
13. *Address,* 1501 E Eager St
14. *Remarks,* 8920001141

FEB 20 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kinder

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, January 11

4. Place of Birth, (Street and Number) 1 Bond str. 605

5. Full Name of Mother, Hattie Belkovska

6. Mother's Maiden Name, Katie Kovalska

7. Mother's Birthplace, Prajan

8. Full Name of Father, Stanislav Belkovsky

9. Father's Occupation, Tischler

10. Father's Birthplace, Prajan

Name of Medical Attendant, or other person who makes this Return, Mary Riell

Address, 1824 Bond str.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 12th 1892
4. *Place of Birth, (Street and Number)* 505 E. Madison
5. *Full Name of Mother,* Julia Agnes Smith Lavagy
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jesse E. Smith
9. *Father's Occupation.* Electrician
10. *Father's Birthplace,* Baltimore Md. Reynoldsville Md.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1892000 1143

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3718.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 13 '92

4. *Place of Birth, (Street and Number)* 3-5 Popleton

5. *Full Name of Mother,* Mrs Elizabeth Kernan

6. *Mother's Maiden Name,* " Campbel

7. *Mother's Birthplace,* Zanesville Ohio

8. *Full Name of Father,* Jos W Kernan

9. *Father's Occupation,* Printer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, T & W Worthington

Address, 840 W Fayette St

Remarks, 8920001144

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parent, the date and place of birth, and the sex, color, and number conferred; its sex, color, duly signed by the practitioner in attendance, or by the parent, if no such practitioner has been employed. In case the birth of any child shall be delivered to the office of the Commissioner of Health. In case the other person be in said schedule shall be delivered within the period above required, and the Commissioner of Health, or should no or parents of such third days without the attendance of a physician or midwifery, or should the duty of the person above required, and shall occur upon the mother, immediately thereafter shall be subject to the penalty hereinafter provided. In the Commissioner of Health, within the period above required, and attendance report its birth to the Commissioner shall hereafter provided. In the case of any child born without the attendance of a physician or midwifery, or should no person or persons who shall be subject to the penalty hereinafter provided. In the case of any such person or persons who shall be subject to the penalty herein

RETURN OF A BIRTH

1 37 184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 14 — 92
4. *Place of Birth, (Street and Number)* 604 Orchard, st
5. *Full Name of Mother,* Elizabeth M. Mengert
6. *Mother's Maiden Name,* Helfer
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* August Mengert
9. *Father's Occupation,* Glass Finisher
10. *Father's Birthplace,* Boston, Mass.

Name of Medical Attendant, or other person who makes this Return. J. M. Pennington M.D.

Address,

Remarks,

8 9 2 0 0 0 1 1 4 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 137184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 919 Sterling st.
5. Full Name of Mother, Magie Grobe Wehr
6. Mother's Maiden Name, Ball sis
7. Mother's Birthplace, Hays
8. Full Name of Father, Grobe
9. Father's Occupation, Tayler
10. Father's Birthplace, ~~Balto. Md~~ Germ

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Av.

Remarks, 1892000111 45

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parties required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 January
4. Place of Birth, (Street and Number) 935 East Str.
5. Full Name of Mother, Lizzie Moeller
6. Mother's Maiden Name, Tragaser
7. Mother's Birthplace, York. Pa.
8. Full Name of Father, Joseph Moeller
9. Father's Occupation, cigarmaker
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return, Amd Walker

Address, 928 E. East Str.

Remarks, 1892000 1147

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered monthly to the office of the Commissioner of Health. In the form of a certificate between the first and occur without the attendance of a physician or person in the capacity of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1-16-92
4. Place of Birth, (Street and Number) 115 N Longwood St
5. Full Name of Mother, Carrie Brown
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address,

Remarks, 1892000 1148

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
pation of its parents, the date and place of their marriage, and the
been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, between the first and
third day of each and every month to the office of the Commissioner of Health, between the first and
practitioner of midwifery, who shall attend any case in which no other person be in
it shall become and will be the duty of the person above required, and
shall occur without the attendance of a physician or practitioner of midwifery, who should no other person be in
attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 8th

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th Jan.
4. Place of Birth, (Street and Number) 317 N. Fulton ave.
5. Full Name of Mother, Ida L. Fountain
6. Mother's Maiden Name, " Lawrence
7. Mother's Birthplace, Kentucky
8. Full Name of Father, Elias A. Fountain
9. Father's Occupation, Salesman
10. Father's Birthplace, Carolina

Name of Medical Attendant, or other person who makes this Return. Truman F. Miller

Address, 1401 N. Fulton ave

Remarks,

1892 0001149

Health. This schedule shall contain the full name of each child of any such birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the nurse, or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FEB 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 37186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 18 of Jan 1892
4. Place of Birth, (Street and Number) 1010 Warner St
5. Full Name of Mother, Lilly Mason
6. Mother's Maiden Name, Lilly White
7. Mother's Birthplace, Balto
8. Full Name of Father, George Mason
9. Father's Occupation, Cobl Labor
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Angeline Wilson

Address, 218 Lemmon St

Remarks, No

1892000150

Health. This schedule shall be filled out as far as the same can be ascertained the [illegible] of each child of this date and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, and the date and place of birth; and the been conferred its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-20-49

RETURN OF A BIRTH 3718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st Twin: Edw. Benton Taylor
2nd " : Daisy Grace Taylor

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd & 3rd

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18th 1892
4. Place of Birth, (Street and Number) 1146 No. Stricker St
5. Full Name of Mother, Carrie E. Taylor
6. Mother's Maiden Name, Benton
7. Mother's Birthplace, Kent Island Md.
8. Full Name of Father, Edward F. Taylor
9. Father's Occupation, School Teacher
10. Father's Birthplace, Fort Fisher N. C.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address, 1801 Madison Ave.

Remarks, 8920001151

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the full name of each child, if any shall have been conferred) be delivered, duly signed by the practitioner in the form of a certificate, between the birth of any child and the date and place of its birth; and the said schedule shall and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the first and third day of each and the attendance of a physician or practitioner as aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-1-56

RETURN OF A BIRTH.

A 37188.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall fail to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, the full name, nativity, and residence of born, its or their physical condition, whether still born or not, the full name of such child or children. the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE FEB 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 18th 1892
4. Place of Birth (Street and Number)	#511 Hilliard St
5. Full Name of Mother	Emma J. Reeder
6. Mother's Maiden Name	" " Brasted
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Thos Reeder
9. Father's Occupation	Letter Carrier U.S.
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this return	Geo. N. Benson M.D.
Address	516 Hanover St
Remarks	18920001152

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife in attendance upon the mother, immediately thereafter, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 37189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 19 — 1892
4. *Place of Birth, (Street and Number)* 934 Ridgely St.
5. *Full Name of Mother,* Lucia M. Orilla
6. *Mother's Maiden Name,* Steinbrueck.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frederick Orilla
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. J. M. Thompson M.D.

Address, 640 W. Barre, St.

Remarks, 1892001153

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th January 1893
4. *Place of Birth, (Street and Number)*	1306 E. Pratt St.
5. *Full Name of Mother,*	Gertie Fried
6. *Mother's Maiden Name,*	" Lipitz
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jake Fried
9. *Father's Occupation,*	Peddler
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	E. Scherman
Address,	42 Albemarle St.
Remarks,	1892000 1154

Health. This schedule shall contain a list of the births [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of the Board of Health, within the first and third day of each and every month to a physician or practitioner [illegible] a certificate the birth of any child shall occur without the attendance of a physician or practitioner [illegible] thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately upon the occurrence of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-9-57 A 37190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Barnes~~ Harry Clinton Barnes

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21. 92
4. Place of Birth, (Street and Number) 1121 W Lombard st
5. Full Name of Mother, Lottie Barnes
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va.
8. Full Name of Father, Wm L. Barnes
9. Father's Occupation, Fireman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Kathe Greene

Address,

Remarks, 1892000155

month, and shall set forth as far as the same can be ascertained the name, if any, and the name, if any, and shall set forth as far as the same can be ascertained the name, if any, and the been conferred) its sex, color, the full name and occupation of the parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the premises, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the city, or if the physician or practitioner in charge shall be absent from the premises at the time of the birth, or if the child be still-born, it shall become the duty of the person or persons in charge of the premises, or of the Commissioner of Health, to report the birth to the Commissioner of Health within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person or persons in charge of the premises, or of the Commissioner of Health, to report the birth to the Commissioner of Health within the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

37141.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 23/92.

4. Place of Birth, (Street and Number) 3-34 Laurens St

5. Full Name of Mother, Sarah E. Wright

6. Mother's Maiden Name, Allen

7. Mother's Birthplace. Balto. Co.

8. Full Name of Father, Frank Wright

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address, 1801 Madison Ave

Remarks, 8920001156

FEB 24 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

37191A

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 29 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -2-

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, January 23rd 1892

4. Place of Birth, (Street and Number) 1324 Whatcoat St Balto

5. Full Name of Mother, Jessie Bailey

6. Mother's Maiden Name, Jessie Paul

7. Mother's Birthplace, Ellicotts City Howard Co

8. Full Name of Father, Leroy Samford Bailey

9. Father's Occupation, Sailor

10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, # 1332 Whatcoat St

Remarks, 1892000 1157

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

37191 B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd December 1892
4. Place of Birth, (Street and Number) 231 S. Eden St.
5. Full Name of Mother, Mary Kopelan
6. Mother's Maiden Name, Gerber
7. Mother's Birthplace, Russia
8. Full Name of Father, John Kopelan
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schwerdt M.

Address, 1 Eastern Ave

Remarks, 18920001158

Health. This schedule shall contain a list of the births which have occurred under its jurisdiction since the ascertained, the same can be ascertained, (if any shall have month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed, by the physician or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth occur without the attendance of a physician or midwife, or should no other persons of such shall occur without the mother, immediately thereafter it shall become the duty of the person or persons required, and attendance upon the mother, immediately thereafter in like manner and within the period above required, to report its birth to the Commissioner of Health, in like manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

37191 C

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 3-1-53

Name: Reuben Swarzyn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23d January 1892
4. Place of Birth, (Street and Number) 24 S. Exeter St.
5. Full Name of Mother, Minnie Swarzyn
6. Mother's Maiden Name, Tittelbaum
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Swarzyn
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Schuman

Address, 21 Albemarle St

Remarks, 8920001159

This schedule shall contain a list of the births which have occurred in the family of each child, (if any shall have been born alive since the filing of the last certificate) the full name of each child, if any, and the date and place of birth; first and ascertaining the parentage of each child, the date and place of birth of any child of the mother previously born, and the certificate between the birth of any child of the mother previously born, and the certificate between the birth of any child born alive since the filing of the last certificate and the birth of the child for which the certificate is required. In case the other person of such mother, and shall set forth as far as the same can be ascertained, the full name and occupation of the other person of such sex, color, date signed by the practitioner in attendance upon the birth, or if there be no such practitioner, or should no or parents of such child be delivered, duly signed by the person above required, and Commissioner of Health. A separate certificate shall be made by the practitioner in attendance upon the birth, or if there be no such practitioner, or should no or parents of such month to the office of the Registrar of the period above required, and child be delivered, duly signed by the person above required, and shall become and within the period above required, and been conferred, and within the provisions of this section shall be sub- said schedule shall be delivered to the physician or practitioner in the manner and every remittance of a physician or practitioner in the manner aforesaid, and every remittance of a physician or practitioner in the manner aforesaid, and thereafter it shall be his duty to comply with the provisions of this section shall be sub- said day of each month to the attendance of a physician or practitioner in the manner aforesaid, and every remittance of a physician or practitioner in the manner aforesaid, and thereafter it shall be his duty to comply with the provisions of this section shall be sub- third day of each month to the attendance of a physician or practitioner in the manner aforesaid, and every remittance of a physician or practitioner in the manner aforesaid, and thereafter it shall be his duty to comply with the provisions of this section shall be sub- third occur without the mother, Commissioner of Health, to the attendance of a physician or practitioner in the manner aforesaid, and every remittance of a physician or practitioner in the manner aforesaid, and thereafter it shall be his duty to comply with the provisions of this section shall be sub- shall cease upon its birth to the who shall hereafter fail to comply with the provisions of this section shall be sub- attendance upon its birth to the who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons for each offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Jan 30 1892
4. Place of Birth, (Street and Number) 1 Eutaw Place
5. Full Name of Mother, Edith Butler
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard Boulware
9. Father's Occupation, Grocer
10. Father's Birthplace, Georgia U.S.

Name of Medical Attendant, or other person who makes this Return, Dr. [illegible]

Address, 412 Hanover

Remarks, 1892 0001160

Health. This schedule shall contain a list of the births which have occurred [illegible] its or his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 January 1892
4. *Place of Birth, (Street and Number)* 23 N Bright St
5. *Full Name of Mother,* Laura Strasberger
6. *Mother's Maiden Name,* Laura Braun
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis Strasberger
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baden Germany

Name of Medical Attendant, or other person who makes this Return, Chas Schuman

Address, Pulaski St

Remarks,

8920001161

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37191 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 30 th 1892.
4. *Place of Birth, (Street and Number)* Hanover Street No. 661
5. *Full Name of Mother,* Ida Lavinia Lehnes.
6. *Mother's Maiden Name,* Ida Lavinia Vandeveld.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Lehnes
9. *Father's Occupation,* Dentist
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920001162

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name of its parents. In case the birth of any child said schedule shall be delivered, duly signed by the person in charge of the case, to the office of the Registrar of Vital Statistics, shall occur without the mother, immediately thereafter, in the attendance upon the mother, or should no other person be in child to report its birth to the Commissioner of Health, or should no other person who shall hereafter fail to report as required, and any such person or persons who shall hereafter fail to report as required, and jected to the fine of ten (10) dollars for each offense. Conveyances and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37191, 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1-24-92

4. Place of Birth, (Street and Number) 115 N Lombard St

5. Full Name of Mother, Mrs E. Klaus

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address,

Remarks, 8920001163

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the ... been conferred) its sex, color, the full name and occupation ... certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner ... In case the birth of any child ... third day of each and every month to the office of the Commissioner ... or should no other person be in ... shall occur without the attendance of a physician or practitioner ... of the person or parents of such ... attendance upon the mother, immediately thereafter it shall be ... above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above ... it shall be the duty ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 37192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	24 January
4.	*Place of Birth, (Street and Number)*	1410 St Thomas st.
5.	*Full Name of Mother,*	Anna Doerfler
6.	*Mother's Maiden Name,*	Zehner
7.	*Mother's Birthplace,*	Germanie
8.	*Full Name of Father,*	Franz Doerfler
9.	*Father's Occupation,*	Farm blacksmith
10.	*Father's Birthplace,*	Germ.
	Name of Medical Attendant, or other person who makes this Return,	Anna Walter
	Address,	928 N. Cent. Av.
	Remarks,	1892000164

Health. This schedule shall contain a list of the full name of each child, (if any shall have been ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and shall set forth as far as the same can be ascertained the first and name and occupation of the father, and the maiden name, birthplace and occupation of the mother; and the date and place of birth; and the full name and occupation of its parents, of a certificate between the first and duly signed by the practitioner in the case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner in midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to report such birth within the time aforesaid, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE MAR 3 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-6-52

A-3713

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Sarah

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th January 1892
4. Place of Birth, (Street and Number) 108 E Eden St.
5. Full Name of Mother, Odga Baul
6. Mother's Maiden Name, Shafario
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Baul
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St.

Remarks, 1892000165

Health. This schedule shall contain a list of the full name of each child, if any, shall have been born alive within the district since the last return, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) the name and occupation of the firm of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife in attendance. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwife, or nurse, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37194.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st First.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24th 1892.
4. *Place of Birth, (Street and Number)*	901 N. Loudon St.
5. *Full Name of Mother,*	Lizzie Kohlhepp
6. *Mother's Maiden Name,*	Putsche
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Joseph Kohlhepp
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

8920001166

within six days thereafter, stating distinctly the date of birth, SEX, and color of the child; if born in a house, the number of such house; if a child born, its or their physical condition, whether still-born or not; the full name, residence and nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

A 3719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 25, 1892.
4. *Place of Birth, (Street and Number)* No. 2402 York road.
5. *Full Name of Mother,* Mary Sinclair.
6. *Mother's Maiden Name,* Mary McKenna.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* James Sinclair.
9. *Father's Occupation,* Stonecutter.
10. *Father's Birthplace,* Connecticut.

Name of Medical Attendant, or other person who makes this Return, Augs. R. Elwell, M.D.

Address, 1241 Hanford ave

Remarks, 1 8 9 2 0 0 0 1 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3/196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25 1892
4. Place of Birth, (Street and Number) 1051 N. Freemont St
5. Full Name of Mother, Lizzie Wheatley
6. Mother's Maiden Name, Lizzie Stokes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicholas C. Wheatley
9. Father's Occupation, Capt. Co. K. 5th Regiment Maryland
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. D. Duer

Address, 803 N. Charles St

Remarks, Overlooked the requirements of sending in report monthly Sending Report 6 8 reported quarterly

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 26th
4. *Place of Birth, (Street and Number)*	512 Pine St
5. *Full Name of Mother,*	Amelia Reise
6. *Mother's Maiden Name,*	Amelia Waltham.
7. *Mother's Birthplace,*	~~as above~~ Balto. Md.
8. *Full Name of Father,*	John Reise
9. *Father's Occupation,*	Employed Dairy Co
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendent, or other person who makes this Return.	~~Dr Louis Knight~~ Mrs Mennuti
Address,	Mrs Mennuti 923 Penda Ave Balto Md
Remarks,	8920001169

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. # 37198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) 26 January
3. Date of Birth,
4. Place of Birth, (Street and Number) 2224 Bidle st.
5. Full Name of Mother, Christina Wilson
6. Mother's Maiden Name, Zeller
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Georges Wilson
9. Father's Occupation,
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Av.

Remarks, 8 9 2 0 0 0 1 1 7 0

register of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	January 26th 1892
4. *Place of Birth, (Street and Number)*	2134 McCollough Alley
5. *Full Name of Mother,*	Rachel E. Hoberin Jones
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Ohio Hoberin
8. *Full Name of Father,*	Asst Baltimore Harbor Steamboat Line
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	A L Spear
Address,	892 W Lombard St
Remarks,	

CITY REGISTRAR

WM J C DULANY & CO, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 28 - 1892.
4. *Place of Birth, (Street and Number)*	503 Cathedral St.
5. *Full Name of Mother,*	Mary Platt
6. *Mother's Maiden Name,*	Perrine
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Walter B. Platt
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Connecticut
Name of Medical Attendant, or other Person who makes this Return.	Wm E. Moxley M. D.
Address,	614 N. Howard St.
Remarks,	

8920001172

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered by law.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 37201.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 29 1892
4. Place of Birth, (Street and Number) Baltimore Pierce near mechanic
5. Full Name of Mother, Maria ~~Walsh~~ Reynolds
6. Mother's Maiden Name, Maria Walsh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Reynolds
9. Father's Occupation, driver
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1337 Whalcott street

Remarks, 8920001173

This schedule shall contain the full name of each child. If any shall have been born dead, that fact shall be ascertained. The full name of each child, if any shall have been born alive, shall be ascertained if the same can be ascertained, and the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of the person or parents of such shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, nurse or midwife, who shall neglect or refuse to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, the full name, nativity, and residence of born, its or their physical condition, whether still born, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 29th 1892
4. *Place of Birth (Street and Number)*	1110 Hillman St
5. *Full Name of Mother*	Ellen D. Kirkwood
6. *Mother's Maiden Name*	" " Donaldson
7. *Mother's Birthplace*	Balto, Md
8. *Full Name of Father*	Chas F. Kirkwood
9. *Father's Occupation*	Fish dealer
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this return	Jno. D. Powell MD 716 Hanover St
Address	
Remarks	6920001174

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Baltimore January 30/1892
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 30/892
4. Place of Birth (Street and Number)	1308 Rutter St Baltimore Md
5. Full Name of Mother	Angelia Thomas
6. Mother's Maiden Name	Angelia Spriggs
7. Mother's Birthplace	Baltimore County Md
8. Full Name of Father	Spencer Johnson
9. Father's Occupation	Rooter
10. Father's Birthplace	Prince Georges County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sophie Johnson alias Sheldon W Biddle M D
Address	
Remarks	

8920001175

RETURN OF A BIRTH.

3720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 24 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Jan. 30/92
5. *Place of Birth, (Street and Number)* 1308 Pennsylvania Ave.
6. *Full Name of Mother,* Maggie Emrich
7. *Mother's Maiden Name,* Lugutko
8. *Mother's Birthplace,* Germany
9. *Father's Occupation,* Fred C. Emrich
10. *Father's Birthplace,* Policeman
    Name of Medical Attendant, or other person who makes this Return, Germany
    Address, J. H. Christian M. D. 1801 Madison Ave
    Remarks, 8920001176

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the
nation of its parents, the date and place of birth; and the
been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics.
Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN

To the Office of Registrar of Vital Stat...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1892
4. Place of Birth, (Street and Number) 1923 E. Madison St
5. Full Name of Mother, Katie Lopez Wilson
6. Mother's Maiden Name, Balto Md.
7. Mother's Birthplace, Roseden Md. Johns
8. Full Name of Father, Lorenzo
9. Father's Occupation, Baltimore Md.
10. Father's Birthplace, Mrs. Rose Hillegeist

Name of Medical Attendant, or other person who makes this Return.

Address, 1038 E. Monument St

Remarks,

37505

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1892006

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN

To the Office of Registrar of Vital Stat.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 30th 1892
4. *Place of Birth, (Street and Number)* 1923 E. Madison St
5. *Full Name of Mother,* Kate Johns
6. *Mother's Maiden Name,* Gibson
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Lorenzo M. Johns
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Laura Hillegeist

Address, 1038 E. Monument St

Remarks,

37503

1892 - 001177

1892 0001177

RETURN OF A BIRTH 37706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 1st 1872
4. *Place of Birth, (Street and Number)*	138 Little Pine Street
5. *Full Name of Mother,*	Lizzie Adams
6. *Mother's Maiden Name,*	Lizzie Adams
7. *Mother's Birthplace,*	Baltimore Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	Unknown
10. *Father's Birthplace.*	Unknown
Name of Medical Attendant, or other Person who makes this Return	Amelia M. Handler 422 West Hoffman Street Nurse Singer Howard's Training College Baltimore Md
Address,	Jno. S. Fry M.D. 216 W. Franklin
Remarks,	

8920001178

JOHN B. NOBLE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 Feb.
4. Place of Birth, (Street and Number) 1501 E Pratt St
5. Full Name of Mother, Annie Gill
6. Mother's Maiden Name, " Sander
7. Mother's Birthplace, Europe
8. Full Name of Father, Fiang Gill
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ellis

Address, 1302 E Lexington St

Remarks, 1892000179

Health. This Section need not be filled out if the same can be ascertained from the following Section. The Name and Residence of the Informant must be given. The first and middle name of the child must be stated in full, and the month and day of birth; and the number of the child of the mother (whether first born, second born, &c.) must be stated. If a certificate of birth has been given for any child of such mother, the number of such certificate must be stated

DATA ENTRY ADDED 4-1-52

37208.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Raymond Harrigan	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 1st 1892
4. Place of Birth, (Street and Number)	432 E Fort Ave
5. Full Name of Mother,	Mrs Rose E. Harrigan
6. Mother's Maiden Name,	Rose E Jones
7. Mother's Birthplace,	Howard Co. Md
8. Full Name of Father,	Wm H Harrigan
9. Father's Occupation,	Gas Fitter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. H. Phillips
Address,	753 W Lexington
Remarks,	8920001180

FEB 1892

Health. This schedule shall contain a list of the births which have been conferred), duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a page [illegible] thereof. [illegible] occurred under his or her care during the Health. This schedule shall contain a list of the births [illegible] and shall have the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case no other person be in third day of each and every month to the office aforesaid. [illegible] of midwifery, or should no one of parents of such shall occur without the attendance of a physician [illegible] same to the duty of the person or parents required, and attendance upon the mother, immediately thereafter, [illegible] within the period above required, and child to report its birth to the Commissioner of Health, in [illegible] with the provisions of this section shall be sub- any such person or persons who shall hereafter [illegible] to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Brown Skin
3. *Date of Birth,*	1st [illegible]
4. *Place of Birth, (Street and Number)*	[illegible] 502 Chestnut ave.
5. *Full Name of Mother,*	Estelle Bell [illegible]
6. *Mother's Maiden Name,*	Boyer
7. *Mother's Birthplace,*	Chesterton
8. *Full Name of Father,*	George Bell
9. *Father's Occupation,*	Oyster Trader
10. *Father's Birthplace,*	East Chester
Name of Medical Attendant, or other person who makes this Return.	Lauren Lee
Address,	[illegible]
Remarks,	64 89 20001181

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8920001182

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its father; and the month, and shall set forth as far as the same can be ascertained at the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

GIVEN NAME ADDED 10-10-55

RETURN OF A BIRTH A 37211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ellyn Marya Weaver 1
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	February 1 1892
4. *Place of Birth, (Street and Number)*	642 Bonne st
5. *Full Name of Mother,*	Catherine Weaver Carson
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Boston Mass.
8. *Full Name of Father,*	William D Weaver
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	J Harvey Hull M D
Address,	807 Washington ave
Remarks,	8920001183

Health. This Schedule shall contain the same cards of certificate between the first and month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of parents in the form of a certificate in the form of a practitioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

37717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 1 - 92
4. *Place of Birth, (Street and Number)*	1936 Bank
5. *Full Name of Mother,*	Kath. Belz — Witter
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	a
8. *Full Name of Father,*	Thom. Witter
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	a
Name of Medical Attendant, or other person who makes this Return.	J C Brandau
Address,	
Remarks,	8920001184

Baltimore under whose charge of subscribing attendance a child may be, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, and the full name, sex, color, and place of birth, and the number (if any) of each child. In case the birth of any child has been conferred) its sex, color, the full signed by the practicing physician or midwife in attendance between the first and said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in third day of each and every month to the physician or practitioner of the duty of the person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner in the period above required, and attendance upon the mother, immediately thereafter, with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 1-92
4. *Place of Birth, (Street and Number)*	328 Stroock.
5. *Full Name of Mother,*	Mary E. Thomas
6. *Mother's Maiden Name,*	" " Pritchett
7. *Mother's Birthplace,*	a
8. *Full Name of Father,*	Hy. C Thomas
9. *Father's Occupation,*	a
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	B M B.
Address,	
Remarks,	8920001185

Baltimore under whose charge or superintendance a birth shall occur, shall furnish to the Commissioner of Health, and shall enter the same on a blank to be furnished by the Commissioner of register of such birth, and shall have delivered under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and date and place of birth, and the been conferred; its sex, color, the full name and occupation of the parents, and in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or should no other person be in third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the time of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall be filled out as far as the same can be ascertained from the parents of the child, and the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the first and last name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of the practitioner in the case

RETURN OF A BIRTH.

37213.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether [redacted], 3d, &c.) 3rd Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* February 1st 1892

4. *Place of Birth* (Street and Number) 16 N Paul St

5. *Full Name of Mother* Mary Borden

6. *Mother's Maiden Name* " Datrille

7. *Mother's Birthplace* Memphis. Tenn

8. *Full Name of Father* Septimus E. Borden

9. *Father's Occupation* Publisher

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Frank W. Gunnon M.D.

Address 322 N Greene St

Remarks 8920001187

FEB 9 1892

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or living, and residence of the parents, and the maiden name of the mother [illegible] children

RETURN OF A BIRTH. 37216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Baltimore
4.	*Place of Birth, (Street and Number)*	811 Washington Ave
5.	*Full Name of Mother,*	Laura Kaiserwis
6.	*Mother's Maiden Name,*	Laura Kane
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Fredrick Kaiserwis
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Catherine Mitchell
	Address,	848 W. Pratt.
	Remarks,	8920001188

Which before the ... shall contain a list of the births which ... Health. This schedule shall contain as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the place of birth; and the month, and shall set forth as far as the same can be ascertained the first and ... been conferred) its sex, color, the full name and occupation of its parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child ... Commissioner of Health, in the form of a Certificate between the first and ... shall occur without the attendance of a physician or practitioner, the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37 21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 7th 1892
4. *Place of Birth, (Street and Number)*	127 E. Randall St
5. *Full Name of Mother,*	Lyenia Spencer
6. *Mother's Maiden Name,*	Lyenia Brooks
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	George Spencer
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C. A. Tully
Address,	828 Light St
Remarks,	Doing Well

1892000189

Health. This schedule shall contain a list of the names of [illegible] the given name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or if a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 2d 1892
4. *Place of Birth, (Street and Number)*	No 1522 Byrd st
5. *Full Name of Mother,*	Sarah Travers
6. *Mother's Maiden Name,*	Sarah Tanner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Travers
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	8920001190

CITY OF BALTIMORE 1892 FEB 8

This schedule shall contain a list of the births of each child (if any shall have been born dead, that fact shall be stated) born within the city of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name

RETURN OF A BIRTH.

3421 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred, under its observation, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the mother, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

FEB 13 1892
HEALTH CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d	
1. *Sex, (state whether male or female)*	Female	
2. *Race or Color, (if not of the white race)*	White	
3. *Date of Birth,*	Feb 2-d 1892	2821
4. *Place of Birth, (Street and Number)*	Baltimore E Fayette No ~~1877~~	
5. *Full Name of Mother,*	Mrs Mary Forster	
6. *Mother's Maiden Name,*	Mrs Mary Sigrist	
7. *Mother's Birthplace,*	Baltimore	
8. *Full Name of Father,*	Mr George Foster	
9. *Father's Occupation,*	Laborer	
10. *Father's Birthplace,*	Baltimore	
Name of Medical Attendant, or other person who makes this Return,	Mrs Josephine Krueger	
Address,	No 2026 E Fayette St Balt. Md.	
Remarks,	8920001191	

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 37770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 2nd
4. Place of Birth, (Street and Number) 1604 Pleasant Street
5. Full Name of Mother, Eugenia Catherine Jackson
6. Mother's Maiden Name, [illegible] Catherine Stone
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Henry Jackson
9. Father's Occupation, Butcher
10. Father's Birthplace, Culpeper Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. Hubert [illegible]

Address, [illegible]

Remarks, 6 9 2 0 0 0 1 1 9 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3-1771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of February 1892
4. Place of Birth, (Street and Number) 404 North Chapel street
5. Full Name of Mother, Mary Konig
6. Mother's Maiden Name, Mary Hagen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John König
9. Father's Occupation, Cuper
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Cuscintia Kunkel

Address, 213 North Chapel st. for Justina Kunkel

Remarks, Healthy

8920001193

CITY 1892 FEB 24

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the regulations of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person required to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, the name, sex, and color of the child or children within six days thereafter, stating distinctly the day of birth, whether born or not, the full names, nativity, and residence of born, its or their physical condition, whether still born or not, the full names of such children, the parents, and the maiden name of the mother of such children.

CITY OF BALTIMORE

FEB 8 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Female (+)
1. *Sex (state whether Male or Female)*	Male male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	February 25, 1892 February 25, 1892
4. *Place of Birth (Street and Number)*	2221 2221 Guilford Ave
5. *Full Name of Mother*	Anna A. Ouara Anna A. Ouara
6. *Mother's Maiden Name*	Mann + Mann
7. *Mother's Birthplace*	Maryland Maryland.
8. *Full Name of Father*	James O'Ouara James O'Ouara
9. *Father's Occupation*	Stone Cutter Stone Cutter
10. *Father's Birthplace*	Ireland Ireland.
Name of Medical Attendant, or other Person who makes this return	Dr. Buxton Md. Dr. Buxton Md.
Address	2105 N. Calvert St. 2105 N. Calvert St. Balto.
Remarks	8920001194

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 2th 1892
4. *Place of Birth, (Street and Number)*	No 1613 James st
5. *Full Name of Mother,*	Mrs Aly Engen
6. *Mother's Maiden Name,*	Mrs Aly Lauber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Engen
9. *Father's Occupation,*	Stone mason
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byed St
Remarks,	8920001195

Health. This schedule shall contain the name of each child born alive, and the same can be ascertained, the name of each child born dead; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37724

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2nd 1892
4. Place of Birth, (Street and Number) 715 W. Franklin
5. Full Name of Mother, Jennie Gilbert
6. Mother's Maiden Name, Jennie Keating
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Gilbert
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. E. Hilling M.D.

Address, 508 N. Howard

Remarks, 1892 0001196

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the full name of each child, (if any shall have been born alive since the last return,) and shall set forth as far as the same can be ascertained

RETURN OF A BIRTH. A 37775.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd February.
4. Place of Birth, (Street and Number) 812 Parkin st
5. Full Name of Mother, Katie Butler
6. Mother's Maiden Name, Katie Coreen.
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Butler
9. Father's Occupation, Police
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Catherine Shattell

Address, 848 N Port st

Remarks, 8920001197

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner (if there be one in attendance) or by the mother, or father, or other person who shall have been present at the birth, to the officer of the Board of Health, or to such person as may be appointed to receive the same, within the first and third day of each and every month to the office or residence of the Registrar of Vital Statistics. Any practitioner of medicine, midwife, or other person who shall assume the duties of such attendance without the mother, immediately thereafter, in the manner required by this section, shall be subject to the penalty hereinafter imposed. Any physician or midwife in attendance upon

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37776

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* February 2nd 1892
4. *Place of Birth, (Street and Number)* 1430 Chick Alley
5. *Full Name of Mother,* Lena Tailer
6. *Mother's Maiden Name,* Lena Christe
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Simon Tailer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Zette Wlanowsky

Address, 1174 E. Lombard St.

Remarks, 1892000119 8

FEB 13 1892

Health. This schedule shall contain a list of the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 2' 1892
4. Place of Birth, (Street and Number) 403 Warren Ave
5. Full Name of Mother, Victoria Shawwolf
6. Mother's Maiden Name, Victoria Phillips
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Fred Shawwolf
9. Father's Occupation, Furniture Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles St

Remarks,

1 8 9 2 0 0 0 1 1 9 9

Health. This schedule shall contain the full name of each child born in the city and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37228.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 2, 1892
4. *Place of Birth, (Street and Number)* 808 Belmont St.
5. *Full Name of Mother,* Annie M. Eldridge
6. *Mother's Maiden Name,* Annie Babcock.
7. *Mother's Birthplace,* Wisconsin.
8. *Full Name of Father,* Hanson M. Eldridge
9. *Father's Occupation,* Rib Sawer.
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1892000200

Health. This schedule shall be filled out by the attending physician or midwife, if there be one, and if not, by the father or mother of the child, or householder, or the nearest relative present in case of the death of both parents, or the undertaker, or executor, or administrator, or any person having charge of the child, in the order named, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 37779

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 3 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 2d 1892 4 o'clock AM
4. *Place of Birth, (Street and Number)* 1019 East Ave
5. *Full Name of Mother* Anna Behr
6. *Mother's Maiden Name* Anna Behane
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Valentine Behr
9. *Father's Occupation* Foreman on Baker & Whaley Coal Pier
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. J E Richardson MD

Address 1010 Chesapeake St

Remarks Easy and normal both mother and child Sex male 8 lbs 2 ozs Dwg 2101

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 37730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a live birth shall occur, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date of the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health, and no other person be in third day of each and every month of a physician or practitioner of midwifery of the birth of such child occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such shall devolve upon the mother, immediately within the period above required, and attendance upon the mother, immediately within the period above required, and this section shall be sub-child to report its birth to the Commissioner of Health, in the manner and within the time above required. If ject to the penalties and forfeitures hereinafter provided. any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable. to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th of February 1872
4. Place of Birth, (Street and Number)	No 1017 Cornwall St
5. Full Name of Mother,	Sarah Crow
6. Mother's Maiden Name,	Barbara Hitz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Lawrence Crow
9. Father's Occupation,	Ex Depot
10. Father's Birthplace,	Washington
Name of Medical Attendant, or other person who makes this Return.	Wm Lauer
Address,	No 1059 Stanford Ave
Remarks,	Balto Md

+ 8920004202792

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred), its sex, color, the full name, and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and in such manner and within the period above required, and in such manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered, as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

3/7/31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 2nd 1892
4.	*Place of Birth, (Street and Number)*	721 Cumberland St
5.	*Full Name of Mother,*	Mary V Grimes
6.	*Mother's Maiden Name,*	Mary Baldwin
7.	*Mother's Birthplace,*	Cumberland Md
8.	*Full Name of Father,*	Alfred Grimes
9.	*Father's Occupation,*	Electrician
10.	*Father's Birthplace,*	Howard Co Md
	Name of Medical Attendant, or other person who makes this Return,	M K Warner M.D.
	Address,	901 N Stricker St
	Remarks,	8 9 2 0 0 0 1 2 0 3

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37232

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Feby 2 1892
4. Place of Birth, (Street and Number) 1010 N. Vincent
5. Full Name of Mother, Charlotte Horsey
6. Mother's Maiden Name, Charlotte Johnson
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Howard Horsey
9. Father's Occupation, Barber
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Dr Jno J. Chappell

Address, 1857 N Gilmor

Remarks,

1892000 1204

month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter. The physician or midwife in attendance shall become liable (jointly with the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 2 d 1892
4.	*Place of Birth, (Street and Number)*	421 E Clement st
5.	*Full Name of Mother,*	Ama Hammond
6.	*Mother's Maiden Name,*	Ama Schenauth
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	George Hammond
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	C A Tully
	Address,	1828 Light St
	Remarks,	Dang Mill

8920001205

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This Schedule shall set forth as far as the same can be ascertained the full name of each child, of any, born in this city during the month, and shall set forth as far as the same can be ascertained the full name and place of birth, and the date and place of birth, and the full name and occupation of the parents, the date and place of birth, and the number of children born to such parents, the number of children born to such parents, the date and place of birth, and the number of children born to such parents, the number of children born to such parents, the date and place of birth, and the number of children born to such parents, the number of children born to such

RETURN OF A BIRTH

3/1/34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* White
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb 3rd 1934
5. *Place of Birth, (Street and Number)* 1524 N. Wolfe St.
6. *Full Name of Mother,* Minnie J. Parks Brewer
7. *Mother's Maiden Name,* Atkinson
8. *Mother's Birthplace,* Hillsport N.J.
9. *Full Name of Father,* Benjamin Parks Clerk
10. *Father's Occupation,* Hillsport N.J.
11. *Father's Birthplace,* Agg Watson
    Name of Medical Attendant, or other Person who makes this Return
    Address, 1300 N. Central Ave
    Remarks, 8920001206

This schedule shall contain a list of the names of each child of the same mother, and shall be delivered, during the month, and shall set forth, as far as the same can be ascertained, the day and place of birth, and the full name, sex, color, and parentage of each child. In case the mother of the child named in this schedule shall be delivered, during the month, of a child not named in this schedule, or if any name shall have been omitted, or if any of the particulars required to be stated in this schedule shall be incorrectly given, a supplementary schedule shall be delivered, during the month, and every month thereafter, until the omission be supplied, or the error corrected, duly signed by the person delivering the same. In case the place of its birth and the said third day or each one of a series of twins, triplets, or quadruplets, or other plurality of births, be not a hospital, lying-in asylum, or other institution, the attendant upon the mother, or other person required to report the birth of such child, shall, within the period above required, deliver to the Registrar, in addition to the certificate, a statement, in writing, of the address of the place of its birth, and the names of the children, and the dates of the births and sexes of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3 7 3 6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) 3 February White

3. Date of Birth, 3 February 1892

4. Place of Birth, (Street and Number) 25 East Fortsaeus

5. Full Name of Mother, Lina Biber

6. Mother's Maiden Name, Cupfly

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Biber

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, White Ehrlyke

Address, # 114 South Bond Street

Remarks, 8 9 2 0 0 0 1 2 0 7

FEB 8 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 3 to 1892
4. Place of Birth, (Street and Number) 1098 Saratoga st
5. Full Name of Mother, Julia Noyes.
6. Mother's Maiden Name, Baltimore Md.
7. Mother's Birthplace, Matthews Yates.
8. Full Name of Father, Waiter
9. Father's Occupation, Baltimore Co Md
10. Father's Birthplace, Amelia Johnson

Name of Medical Attendant, or other person who makes this Return.

Address, 1024 Park ave

Remarks, [illegible] 8 9 2 0 0 0 1 2 0 8

This schedule shall contain a list of the births which shall occur in each family of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 37737

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

The Physician, Midwife, or other person in attendance upon any birth, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 8 1892 CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Feby 3 1892
4. Place of Birth, (Street and Number)	1030 Hanover st
5. Full Name of Mother	Lilly O'Brien
6. Mother's Maiden Name	Burchard
7. Mother's Birthplace	America
8. Full Name of Father	William A Brien
9. Father's Occupation	Contractor
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	D. M. Emery M.D.
Address	1209 Greenmount
Remarks	8920001209

RETURN OF A BIRTH. 37238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 3rd 1892
4.	*Place of Birth, (Street and Number)*	Balt. N. Central Avenue No 1431
5.	*Full Name of Mother,*	Mrs Annie ~~Flackenstein~~ Hart
6.	*Mother's Maiden Name,*	Mrs Annie Flackenstein
7.	*Mother's Birthplace,*	Europe
8.	*Full Name of Father,*	Mr Burkart Hart
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Josaphine Kanegee
	Address,	No 2026 E. Fayette St Balt. Md.
	Remarks,	8920001210

Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. The certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY (illegible) 1892

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37239.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 3d 1892
4. Place of Birth, (Street and Number) 217 N Mount St
5. Full Name of Mother, Lena L. Keeton
6. Mother's Maiden Name, Lena Lindung
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Conradt Keeton
9. Father's Occupation, Restaurateur
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D.V. Wright MD

Address, 220 N Eutaw St

Remarks, 8920001211

Health. This schedule shall contain a list of the names [illegible] full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the practitioner in charge of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Third
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Black
3.	*Date of Birth,*	Feby 3d 1892
4.	*Place of Birth, (Street and Number)*	Cor Pleasant & Davis
5.	*Full Name of Mother,*	Jane Thomsen
6.	*Mother's Maiden Name,*	Jane Fletcher
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Stephen Thomsen
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Penn
	Name of Medical Attendant, or other person who makes this Return,	Edwin Geer M.D.
	Address,	153 Park Ave.
	Remarks,	18920001212

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a declaration, on the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the mother, immediately thereafter it shall be the duty of any person or parents of such attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as forfeitures are recoverable

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37241.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which shall have occurred in any family during the four weeks next preceding the day of the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	lueverer wallson
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Color race
3. Date of Birth,	born on the 21 of feb
4. Place of Birth, (Street and Number)	1442 Col st. a
5. Full Name of Mother,	lueveser willson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	west virgs
8. Full Name of Father,	john hicks
9. Father's Occupation,	saillar
10. Father's Birthplace,	Golbert county
Name of Medical Attendant, or other person who makes this Return,	lueren miles
Address,	1443 ward st
Remarks,	8920001213

GEO. J. C. BULANY & SON, CITY PRINTING AND STATIONERS

RETURN OF A BIRTH.

3724.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 3rd 1892
4. Place of Birth, (Street and Number) No. 26 William St
5. Full Name of Mother, Mary Lansing
6. Mother's Maiden Name, Mary Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jesse Lansing
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920001214

CITY REGISTER FEB 12 1892

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the same, to the Registrar of Vital Statistics in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3924.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second (2d.)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4th 1892
4. Place of Birth, (Street and Number) No. 1605 East Monument St.
5. Full Name of Mother, Mrs. Gertrude D. Dunkee
6. Mother's Maiden Name, Miss G. D. Jones
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, John B. Dunkee
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this return, Wm H. Clendinen M.D.

Address, 207 North Broadway

Remarks, 1892 0001215

Health. This schedule shall contain the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practicing physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner provided within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 4, 1892
4.	*Place of Birth, (Street and Number)*	1610 Mc Donough
5.	*Full Name of Mother,*	Laura Cecelia Sauble
6.	*Mother's Maiden Name,*	Jo. C. Griffin
7.	*Mother's Birthplace,*	Baltimore County
8.	*Full Name of Father,*	Wm H. Sauble
9.	*Father's Occupation,*	Laborer at Sparrows Point
10.	*Father's Birthplace,*	Carroll County
	Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
	Address,	1603 N. Broadway
	Remarks,	8920001216

Health. This schedule shall contain a list of the births which shall have occurred during the month, and shall set forth as far as the same can be ascertained (of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Feb 4th 1892
4. Place of Birth, (Street and Number)	839 Raborg St
5. Full Name of Mother,	Emma Hariday
6. Mother's Maiden Name,	Emma Alcorn
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Jessie Hariday
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mary Susan Granby
Address,	1035 Howard St
Remarks,	8920001217

Health. This schedule shall contain a list of the Christian name or names, and full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of birth; and the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or in case there be no such practitioner, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 4
4. *Place of Birth, (Street and Number)* Baltimore City. 723. Cumberland. St.
5. *Full Name of Mother,* Maggie Jane Wamhoff.
6. *Mother's Maiden Name,* Maggie Jane Lull.
7. *Mother's Birthplace,* Dundee Scotland.
8. *Full Name of Father,* Frank Bernart Wamhoff.
9. *Father's Occupation,* Hostler and Car Driver.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E Shockney

Address,

Remarks, 8920001218

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been conferred; its sex, color, the full name and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the person or parents of such said schedule, which certificate shall be delivered, duly signed by the physician or practitioner in attendance upon the mother, immediately thereafter if such birth shall occur without the attendance of a physician or practitioner at midwife, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Fourth child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	4. th February 1892
4.	*Place of Birth, (Street and Number)*	No 1209 Oron st City
5.	*Full Name of Mother,*	Ida. virginia. Williams
6.	*Mother's Maiden Name,*	Ida virginia Wardell
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William. Henry. Williams
9.	*Father's Occupation,*	Plaster
10.	*Father's Birthplace,*	Annapolis Md
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Payspellon St
	Remarks,	8920001219

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-23-58

RETURN OF A BIRTH.

A 37248

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1892 CITY OF BALTIMORE

1. *Name of Child* Harry Maynard Griffith
2. *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st
3. *Sex* (state whether male or female) Male
4. *Race or Color* (if not of the white race) White
5. *Date of Birth* Feb 9th 1892
6. *Place of Birth* (Street and Number) 310 Park Ave
7. *Full Name of Mother* Maggie E. Griffith
8. *Mother's Maiden Name* " Maynard
9. *Mother's Birthplace* Balto
10. *Father's Occupation* Carpenter
11. *Full Name of Father* Edward M. Griffith
12. *Father's Birthplace* Talbot Co Maryland
13. *Name of Medical Attendant, or other Person who makes this Return.* Jno B Cedars M.D.
14. *Address* 56 Hanover Ave
15. *Remarks*

1892000220

That any physician, accoucheur, midwife, or other person who shall neglect or refuse to report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the City of Baltimore, shall report to the date of birth, sex, and color of the child or children born, its or their physical thereafter, stating distinctly the date of birth, sex, and color, whether still born or not, the full name, nativity, and residence of the parents, and the maiden condition, whether of such child or children. name of the mother of such child or children.

GIVEN NAME ADDED 2-19-52

37749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Arthur Eckhardt 6th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Febry 4th 1892
4. Place of Birth, (Street and Number)	663 Portland Street
5. Full Name of Mother,	Louise Eckhardt
6. Mother's Maiden Name,	Louise Retzlaff
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gustav Ekhardt
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Pelagunda Schleifer
Address,	641 S. Casa Street
Remarks,	8920001221

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, within the first and third day of each and every month to the office of the Practitioner or person who shall cause the birth of any child to become the duty of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall be the duty of the person in charge of the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by such person or persons who shall hereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	4th February 10. Sunday
4.	*Place of Birth, (Street and Number)*	Mary Blane
5.	*Full Name of Mother,*	Mary Barry.
6.	*Mother's Maiden Name,*	Baltimore
7.	*Mother's Birthplace,*	Mike Rhein
8.	*Full Name of Father,*	Lehore
9.	*Father's Occupation,*	Ireland.
10.	*Father's Birthplace,*	Catherine Mitchell
	Name of Medical Attendant, or other person who makes this Return,	848. W. Pratt st.
	Address,	
	Remarks,	8 9 2 0 0 0 1 2 2 2

Births which have occurred without the attendance of a physician, and all births, must be reported by the parent or householder, or by the nurse in attendance, or by the undertaker who shall be employed to bury the child, or by the person having charge of the house in which the birth occurs, within ten days after the occurrence of such birth, and a certificate thereof shall be given to the person reporting the same, which certificate shall be presented to the undertaker employed to bury the child, before a permit for burial shall be granted. This schedule shall contain a list of the births which have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of each parent, and the date and place of birth; and the been conferred, duly signed by the Commissioner of Health, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of the house to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37237.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 32. XXXII

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 February
4. Place of Birth, (Street and Number) Decatur st. 1438
5. Full Name of Mother, Sarah Chandlen
6. Mother's Maiden Name, " s. Hawkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Chandlen.
9. Father's Occupation, Laboar
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Wilfarine Mason.

Address, Beason st. 1421 Lorus Point

Remarks, 1892000 1223

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, sex, color, the full name and occupation of parents. A certificate between the first and been conferred) its

RETURN OF A BIRTH

A 37252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 4th 1892
4. *Place of Birth, (Street and Number)*	1019 Carrollton Ave
5. *Full Name of Mother,*	Lilian A. Foster
6. *Mother's Maiden Name,*	4 4 Carroll
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James S. Foster
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Harvey Hill MD
Address,	807 N. Arlington Ave
Remarks,	18920001224

Health. This schedule shall contain a true statement of the full name of each child born, and the name can be ascertained the full name of each child born, and the sex, color, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parent(s), the date and place of birth; and the been conferred) its sex, color, and the practice of physic or midwifery, the date and place of birth of any child said schedule shall be delivered, duly signed by the person entitled to the office of the Commissioner of Health, in each case the birth of any child third day of each and every month to the office of the Registrar of Vital Statistics, in each case the other person be in shall occur upon the mother, immediately thereafter, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the requirements of this section within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

SUN J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. Sex, (~~State whether~~ male or ~~female~~)
2. Race or color, (~~If not~~ of the white race)
3. Date of Birth, Feb 4th 1892
4. Place of Birth, (Street and Number) 1466 N Carey St
5. Full Name of Mother, Nellie McMattingly
6. Mother's Maiden Name, Harding
7. Mother's Birthplace, Ellicotts City
8. Full Name of Father, Chas A Mattingly
9. Father's Occupation, Carpenter
10. Father's Birthplace, Indiana

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D.

Address, 953 Madison Ave

Remarks, 1892000225

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...register of births... Health. This schedule shall contain a list of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female White

2. Race or Color, (if not of the white race) 4 February

3. Date of Birth, 1892 1454 Eutaw

4. Place of Birth, (Street and Number) 145 E. at Park

5. Full Name of Mother, Emma Sommers

6. Mother's Maiden Name, Geiger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Sommers

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wiche Gothe

Address, #114 South Bond Stud.

Remarks, 8920001226

FEB 8 1892 CITY REGISTRAR

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any such live
ascertained the full name and occupation of each parent, the date and place of birth; and the
pation of its parents, the date and place of birth; and the
been conferred), its sex, color, the full name and occupation of each parent, the date and place of the first and
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the person in case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of person be in
shall occur without the attendance of a physician or practitioner of medicine, or should no other persons of such
attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents, and
child to report its birth to the Commissioner of Health, in the period above required, and
any such person who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable

RETURN OF A BIRTH.

37253.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. 4/1892
4. Place of Birth, (Street and Number) 526 Harpon Alley
5. Full Name of Mother, Amanda Holmes
6. Mother's Maiden Name, Amanda Washington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Holmes
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Julius Friedenwald M.D.

Address, City Hospital

Remarks, 8920001227

Health. This schedule shall contain a list of the births which shall have occurred in each week, and shall be delivered, duly signed by the Commissioner of Health or by the midwife or other person who has been conferred, duly signed by the practitioner or midwife in attendance upon the case the birth of any child should no other person be in said schedule shall be delivered, duly signed by the Commissioner of Health or by the midwife or other person who should no other person be in third day of each and every month to the office of or practitioner in attendance upon the case the birth of any child should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the midwife or other person who should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the midwife or other person who shall be required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 11 1892
4.	*Place of Birth, (Street and Number)*	1527 Byrd St
5.	*Full Name of Mother,*	Margaret Buckley
6.	*Mother's Maiden Name,*	Margaret Foley
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	David Buckley
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	C A Tully
	Address,	1528 Light St
	Remarks,	Doing Well

8920001228

Health. This schedule shall contain a true statement of the name of each child, (if any shall have been born alive since the last return,) and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number of its parents, the date and place of birth, and the number of its parents, the date and place of birth, and the number

RETURN OF A BIRTH.

37257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE FEB 8 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 5th 1892
4. *Place of Birth (Street and Number)*	1370 W. Hamburg
5. *Full Name of Mother*	Maggie Furst
6. *Mother's Maiden Name*	Maggie Fleck
7. *Mother's Birthplace*	Balto Maryland
8. *Full Name of Father*	William Furst
9. *Father's Occupation*	Rail Road Conductor
10. *Father's Birthplace*	Alabama U.S.A.
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux Jr. M.D. 5-L & S. Shaylor
Address	
Remarks	

1892000229

WALTER ALBERT FURST

3735

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 9 1892 CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Feby 5 - 92
4. Place of Birth, (Street and Number)	938 E Biddle
5. Full Name of Mother,	Agnes Lewis
6. Mother's Maiden Name,	Agnes Bronshmiller
7. Mother's Birthplace,	Balt
8. Full Name of Father,	James Lewis
9. Father's Occupation,	Potter
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Mayer MD
Address,	1200 N Edmondson Ave
Remarks,	18920001230

Health. This schedule shall contain a list of the births which have occurred in each family, or in each house where children have been born, since the last return of each child, if any shall have been born; and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth, as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, to make such any such person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37259.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 5 1892
4.	*Place of Birth, (Street and Number)*	1328 W. Baltimore St.
5.	*Full Name of Mother,*	Bertha E. Hitchcock
6.	*Mother's Maiden Name,*	" " Meredith
7.	*Mother's Birthplace,*	Va
8.	*Full Name of Father,*	Robert Fielding Hitchcock
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Richmond Va
	Name of Medical Attendant, or other person who makes this Return,	William A. B. Sellman M.D.
	Address,	5. E. Biddle St.
	Remarks,	first child of mother - the second was stillborn -

Health. This schedule shall contain a list of the ... secured under this ... to her care during the ... far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the ... to the office of the ... third day of each and every month to the office of the ... or practitioner of midwifery, or should no other parents of such ... shall become the duty of the person or persons required, and ... attendance upon the mother immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail or refuse to ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable ...

FEB 16 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

37260.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	5 of February
4. Place of Birth, (Street and Number)	1115 Fremont Street
5. Full Name of Mother,	Ottilie Frank
6. Mother's Maiden Name,	Ottilie Kriening
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Ernst Frank
9. Father's Occupation,	Dealer in junk and iron
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Donnely
Address,	1635 little Walsh st
Remarks,	None

8 9 2 0 0 0 1 2 3 2

Register of births within the City of Baltimore. The Board of Health shall cause to be procured and kept in the office of the Registrar of Vital Statistics a register of births which shall contain a list of the births which have occurred and been reported to the Board of Health. This schedule shall contain a list of the births which have occurred and been reported to the Board of Health, and shall set forth as far as the same can be ascertained, the full name of each child born, (if any shall have been conferred) its sex, color, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of each parent, and the certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the person or parents of such child, or to the person in charge of the house in which the birth occurred, at the office of the Commissioner of Health, who should no other person be in third day of each and every month to the Commissioner of Health, who shall become entitled to receive the fee above required, and shall occur without the attendance of a practitioner or midwife, the duty of reporting the birth within the period above required, and attendance upon the mother, immediately after the birth, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-19-52

RETURN OF A BIRTH

37261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Williametta Fornwalt first

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* February 6th 1892
5. *Place of Birth, (Street and Number)* 2449 Oak street
6. *Full Name of Mother,* Florence Elizabeth Fornwalt
7. *Mother's Maiden Name,* Collett
8. *Mother's Birthplace,* Baltimore Maryland
9. *Full Name of Father,* George E Fornwalt
10. *Father's Occupation,* Fireman B & O R R Co
11. *Father's Birthplace,* Missouri
12. *Name of Medical Attendant, or other person who makes this Return.* James A Whitford M D
13. *Address,* 89 Dequindre st
14. *Remarks,* Instrumental Child Birth Forceps

on each side

8 9 2 0 0 0 1 2 3 3

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or practitioner, the midwife or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person in the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as hereinafter provided and forfeitures are recoverable.

CITY OF BALTIMORE

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3726V

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	February 5th 1892
4. *Place of Birth (Street and Number)*	28 Castle st.
5. *Full Name of Mother*	Mrs. Sallie Higgins.
6. *Mother's Maiden Name*	Mrs. Sallie D. Gray.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jesse Higgins
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Cecelia Howard.
Address	712 N Durham St.
Remarks	N remarks.

1892000 1234

RETURN OF A BIRTH.

37263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feby 5 th
4.	*Place of Birth, (Street and Number)*	826 Burgundy Alley
5.	*Full Name of Mother,*	Rosa Trabert
6.	*Mother's Maiden Name,*	Rosa Kopf
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Paul Trabert
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Sulzgruber Phys
	Address,	
	Remarks,	8 9 2 6 0 0 2 3 Each 83

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife, nurse or person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-26-55

RETURN OF A BIRTH.

37764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 5th, 1892
4. Place of Birth, (Street and Number) No. 1819 Jefferson Street
5. Full Name of Mother, Mrs. Ada Blandt Palmer
6. Mother's Maiden Name, Miss A. B. Beauchamp
7. Mother's Birthplace, Northumberland County, Va.
8. Full Name of Father, Mr Joseph S. Palmer
9. Father's Occupation, Mariner
10. Father's Birthplace, Northumberland County, Va.

Name of Medical Attendant, or other person who makes this Return, Wm H. Cleveland, M.D.

Address, 201 North Broadway

Remarks,

1 8 9 2 0 0 0 1 2 3 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained from the parents, the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the ~~physician~~ midwife, or should no other person be in attendance upon the mother, immediately thereafter, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37265.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest D. Ritterhoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 5 1892
4. Place of Birth, (Street and Number) 1159 E Baltimore st
5. Full Name of Mother, Anna M Ritterhoff
6. Mother's Maiden Name, — nee Lahmuller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E Ritterhoff
9. Father's Occupation, Dyer
10. Father's Birthplace, Lyke Germany

Name of Medical Attendant or other person who makes this Return, Dr Lutt

Address,

Remarks, 8920001237

Health. This schedule shall contain a list of the births which ha... quarrel under... this or her care during the month, and shall set forth as far as the same can be ascertained the ... name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its pa... ts, the date and place of birth; and the said schedule shall be delivered, duly signed by the practi... of a certificate between the first and third day of each and every month to the office of the Comp... lth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

1892=3 3774.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Baltimore
4.	*Place of Birth, (Street and Number)*	112, Steadey.
5.	*Full Name of Mother,*	Ida. Auld
6.	*Mother's Maiden Name,*	Ida Christian
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Auld
9.	*Father's Occupation,*	Tucker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs. L. Mitchell
	Address,	848. W. Pratt,
	Remarks,	18920001238

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37762.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Baltimore

4. *Place of Birth, (Street and Number)* Seneca st. 122

5. *Full Name of Mother,* Mary Mary Kelly Higgins

6. *Mother's Maiden Name,* Ireland

7. *Mother's Birthplace,* Dennis Mary

8. *Full Name of Father,* Salaries

9. *Father's Occupation,* Ireland

10. *Father's Birthplace,* Mrs Mitchell

Name of Medical Attendant, or other person who makes this Return.

Address, 848 N. Pratt st.

Remarks, 18920001239

MAR 5 1892

CITY OF BALTIMORE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Baltimore
4.	*Place of Birth, (Street and Number)*	542 W. Pratt st
5.	*Full Name of Mother,*	Mary Kane
6.	*Mother's Maiden Name,*	Mary Kiun
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Walter V Hien
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mass. Mitchell
	Address,	848 W. Pratt st.
	Remarks,	1892000 1240

MAR 5 1892

HEALTH

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, &c. Other fines and forfeitures are recoverable.

RETURN OF A BIRTH 37744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	February 1, 1892.
4. Place of Birth, (Street and Number)	29 Railroad ave.
5. Full Name of Mother,	Lillian May Lindell.
6. Mother's Maiden Name,	Hollins.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John Lindell
9. Father's Occupation,	Butcher.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	1892 0001241

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of such person to report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 2d 1892
4. *Place of Birth, (Street and Number)*	1226 N Calvert St.
5. *Full Name of Mother,*	Sally Fisher
6. *Mother's Maiden Name,*	" McLane
7. *Mother's Birthplace,*	N. J.
8. *Full Name of Father,*	D. K. Edw Fisher
9. *Father's Occupation.*	Lawyer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	L. S. Neale M.D.
Address,	519 W. Monument St
Remarks,	8920001242

Health. This schedule shall contain as to each birth which shall occur within the limits of Baltimore City, the full name of each child (if any shall have been named), the sex, color, the full name and residence of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH — 37746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, and date of birth of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the number and street, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or the person in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as Other Fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* Colored -
3. *Date of Birth,* February 3 -
4. *Place of Birth, (Street and Number)* 102. W. York St Baltimore
5. *Full Name of Mother,* Annie Thompson
6. *Mother's Maiden Name,* annie Beadine
7. *Mother's Birthplace,* Wilmington Delaware
8. *Full Name of Father,* John W. Thompson.
9. *Father's Occupation,* Labera
10. *Father's Birthplace,* Western Shore maryland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 2 0 0 0 1 2 4 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 37747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Feb. 3rd 1892
4. *Place of Birth, (Street and Number)*	539 Bloom St.
5. *Full Name of Mother,*	Minnie Riddle.
6. *Mother's Maiden Name,*	Knight.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry Riddle.
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	E. Sellman, M.D.
Address,	539 Bloom St.
Remarks,	1892000124 4

Health. This schedule shall contain a list of the births [illegible] have occurred under his or her [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date and place of birth, and the name

RETURN OF A BIRTH. A 37748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 4. 1892
4. *Place of Birth, (Street and Number)*	St Vincents Inf. Asylum
5. *Full Name of Mother,*	Sadie O'Donnell
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	not known
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	U. S.
Name of Medical Attendant, or other person who makes this Return.	Thomé M. D.
Address,	1520 Druid Hill Ave
Remarks,	1892000 1245

Baltimore under whose charge or superintendence a child is born, or in case there is no such person, then the owner or agent of the premises where such birth takes place, shall, by the 10th day of each month, to be furnished by the Commissioner of Health, on a blank schedule, to be furnished by the Commissioner of Health, on a blank schedule, to be furnished by the Commissioner of Health, on a blank schedule

RETURN OF A BIRTH. 37749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Hebrew
3. *Date of Birth,* 4 Feb.
4. *Place of Birth, (Street and Number)* 1105 Watson St
5. *Full Name of Mother,* Esther Robinson
6. *Mother's Maiden Name,* " Levy
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Robinson
9. *Father's Occupation,* Cap Mannfac
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Gillig

Address, 802 E Lexington

Remarks, 1 8 9 2 0 0 0 1 2 4 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...to be furnished by the ... during ... Births which have occurred ... the full name of each child, if any shall have been conferred, the date and place of birth, and the ascertain ... Parents, the date and place of birth, and the occupation of ... the form of a certificate between the first and practitioner of midwifery, or should no other person be in ... Commissioner of Health. In case the birth of any child shall become ... the duty of the person or parents of such child, ... and within the period above required, and ... to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred ... month, and shall set forth as far as the same can be ascertained ... the full name of each child, if any shall have been conferred, the date and place of birth, and the ... its sex, color, the full name and occupation of the parents, ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother immediately thereafter, it shall be ... child to report its birth to the Commissioner of Health, within the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 6 February
4. *Place of Birth, (Street and Number)* 1126 Low St
5. *Full Name of Mother,* Rachel Whitburg
6. *Mother's Maiden Name,* " Sollis
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Simon Whitburg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Whitburg

Address, 1802 E Lexington

Remarks, 8920001247

Health. This schedule shall contain a list of the ... month, and shall set forth as far as the same shall ... been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37751.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 6th 1892
4. Place of Birth, (Street and Number) 601 So Charles
5. Full Name of Mother, Bettie Kruger
6. Mother's Maiden Name, Bettie Ferber
7. Mother's Birthplace, Austria
8. Full Name of Father, Hermann Kruger
9. Father's Occupation, Clothier
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles St

Remarks,

8920001243

Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. No. 37752.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 7, 1892
4. *Place of Birth, (Street and Number)* 336 Federal
5. *Full Name of Mother,* R. Virginia Boyd
6. *Mother's Maiden Name,* Smithson
7. *Mother's Birthplace,* Balto. County
8. *Full Name of Father,* William M. Boyd
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. Frank Council M.D.

Address, Eager & Wolfe

Remarks,

8920001249

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 7, 1892.
4. *Place of Birth, (Street and Number)*	30 Stone Hill - Mt. Vernon
5. *Full Name of Mother,*	Hannah Catherine Hood.
6. *Mother's Maiden Name,*	White.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Holmes Thomas Hood.
9. *Father's Occupation,*	Cotton Mill Operative.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut-ave.
Remarks,	

1892000250

register of such birth and shall keep the same open for inspection by the Commissioner of Health. This schedule shall contain a list of the births which shall occur during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 37754

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) Emanuel W. Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th 1892
4. Place of Birth, (Street and Number) 209 W Lanvale St
5. Full Name of Mother, Nora Theresa Eichelberger
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Herbert Ca (Canada)
8. Full Name of Father, Chas. Albt Eichelberger
9. Father's Occupation, Chemist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. L E Neale Md

Address, 219 W. Monument St

Remarks,

1 8 9 2 0 0 0 1 2 5 1

register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the births which have occurred under his ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M. H. CARTER, M. D.
1800 W. BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 32733

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 9th, 1892
4. *Place of Birth, (Street and Number)*	1112 Woodyear St.
5. *Full Name of Mother,*	Agnes Leppo
6. *Mother's Maiden Name,*	Bish
7. *Mother's Birthplace,*	Md Carroll Co.
8. *Full Name of Father,*	Ezra Leppo
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Md Carroll Co.
Name of Medical Attendant, or other person who makes this Return.	M. H. Carter
Address,	1800 W. Balto
Remarks,	M. H. CARTER, M. D.

1892000252

Health. This schedule shall contain a list of the births which have occurred under his ... during the month, and shall set forth as far as the same can be ascertained the ... of each ... of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date ... place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the ... of a certificate between the first and third day of each and every month to the office of the Commissioner of ... in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-21-52

RETURN OF A BIRTH 37756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jennie Chaffman Hughes 6.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 9, 1892.
4. Place of Birth, (Street and Number) 923 Huntingdon ave.
5. Full Name of Mother, Jane Hughes.
6. Mother's Maiden Name, Chaffman.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward Everett Hughes.
9. Father's Occupation, Stone Cutter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1892000253

MAR 5 1892

Health. This schedule shall contain a list of the births which occur in his or her district during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of each parent, the date and place of birth, and the number of children born to the present mother, and the date and place of birth of each of such children; and shall also set forth the full name and occupation of the person by whom the birth of each child has been conferred), its sex, color, the fact of its being legitimate or illegitimate, and the date and place of birth. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and form hereinafter prescribed; or should no other person or persons of such shall occur without the attendance of a physician or practitioner, then it shall be the duty of the mother, or other person or parent of any child to report its birth to the Commissioner of Health, in the manner and form hereinafter prescribed, within the period above required, and attendance upon the mother, immediately after the birth of such child, it shall be the duty of such physician or practitioner to make such report. Any violation of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Cleaven 2d Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febuary 11 th 19

4. Place of Birth, (Street and Number) Baltimore City 238 S Calhoun

5. Full Name of Mother, Theresa C Riley

6. Mother's Maiden Name, Theresa C Favor

7. Mother's Birthplace, Baltimor County

8. Full Name of Father, James Riley

9. Father's Occupation, Coach Trimer

10. Father's Birthplace, Frederick Co

Name of Medical Attendant, or other person who makes this Return, Maggie C Waters 1400 Ramsay st

Address,

Remarks, 8 9 2 0 0 0 1 2 5 4

Health. This schedule shall contain a list of the births which have occurred in each family during the month next preceding the date of the return, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of the father, the full maiden name of the mother, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or parent, to the office of the Commissioner of Health within the third day of each and every month, to the office of the Commissioner of Health, at the expiration of which time the person or persons who shall neglect to report its birth to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwifery or surgery, and in case no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 Feb.
4. *Place of Birth, (Street and Number)* 511 Sharp St
5. *Full Name of Mother,* Mary Bach
6. *Mother's Maiden Name,* " Metzger
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Bach
9. *Father's Occupation,* shoe make
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Dilling

Address, 802 E Lexington St

Remarks, 1892000255

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 11. 1892
4. Place of Birth, (Street and Number)	St Vincents' Orph. Asylum
5. Full Name of Mother,	Annie Blake
6. Mother's Maiden Name,	Annie Brady
7. Mother's Birthplace,	Penn a
8. Full Name of Father,	Stanislaus Blake
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	J. A. Keane M. D.
Address,	152d Druid Hill Ave
Remarks,	1892000 1256

CITY REGISTRAR 1892

Health. This schedule shall contain a list of the names which shall be given to each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 137760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	11 Feb.
4.	*Place of Birth, (Street and Number)*	1112 Somerset St
5.	*Full Name of Mother,*	Katie Goedeke
6.	*Mother's Maiden Name,*	Marquardt
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Henry Goedeke
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	Mrs R Illig
	Address,	1302 E Lexington St
	Remarks,	1892000125 7

MAR 5 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practician or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 Feb.
4. Place of Birth, (Street and Number) 229 St. Eden St
5. Full Name of Mother, Sedonia Larchenker Albrecht
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Kaike Larchenker
9. Father's Occupation, Shoe make
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Albrig

Address, 302 E Lexington

Remarks, 1892000 1258

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A 37767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* 23 Feb.
5. *Place of Birth, (Street and Number)* 812 Neighbor St
6. *Full Name of Mother* Dora Darlicker Williams
7. *Mother's Maiden Name,* Ireland
8. *Mother's Birthplace,* Patrick Darlicker
9. *Full Name of Father,* grocery store
10. *Father's Occupation,* Ireland
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellig

Address, 1302 E Lexington St

Remarks, 1892000 1259

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the birth of any child said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. The birth of any child shall occur without the attendance of a physician or practitioner in the third day of each and every month to the office of the Commissioner of Health, in the manner and form above required, and attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE 1892

WM J. C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Reuben Elsaac Hecht

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Hebrew
3. Date of Birth, 13 Feb. 1892
4. Place of Birth, (Street and Number) 426 N. Central ave
5. Full Name of Mother, Teresa Hecht
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Balto.
8. Full Name of Father, Isaac Hecht
9. Father's Occupation, Cap maun
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ulli
Address, 802 E Lexington

Remarks, GIVEN NAME ADDED. 3-6-52

8920001260

MAR 5 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine given (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 37764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 13, 1892
4. *Place of Birth, (Street and Number)*	555 Monroe St.
5. *Full Name of Mother,*	Mary Ella Pomeroy
6. *Mother's Maiden Name,*	Ware
7. *Mother's Birthplace,*	N. York state
8. *Full Name of Father,*	Samuel Wyman Pomeroy
9. *Father's Occupation,*	Drummer
10. *Father's Birthplace,*	New York state
Name of Medical Attendant, or other person who makes this Return,	John Hood M.D.
Address,	1137 Harlem Ave.
Remarks,	8920001261

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. ... and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its ... the date and place of birth; and the ... month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner or midwife, or should no other person be in shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 37765.

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

d of Mother, (state whether 1st, 2d, 3d, &c.) First

te whether male or female) Male

Color, (if not of the white race) White

Birth, February 15 1892

Birth, (Street and Number) 413 E. 20th St

me of Mother, Leida Reid

s Maiden Name, Pleasonton Lucille Co. Ill

s Birthplace, Geo. Moseley

ame of Father, Clerk

s Occupation, Baltimore Md

s Birthplace, Mere. Nurse & Colored

f Medical Attendant, or other person who makes this Return. No 1206 W. Pratt St

s, 1892000126 2

STATIONERS.

RETURN OF A BIRTH 37766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15th Feb.
4. Place of Birth, (Street and Number)	407 N. Chester St.
5. Full Name of Mother,	Ada M. Lusby
6. Mother's Maiden Name,	Morgan
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	James D. Lusby
9. Father's Occupation,	Clerk
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	E. P. Irons M.D.
Address,	1835 E. Balto. St.
Remarks,	8920001263

MAR 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feby 15/92
4.	*Place of Birth, (Street and Number)*	1329 N. Gilmor St
5.	*Full Name of Mother,*	Ida Wannemacher
6.	*Mother's Maiden Name,*	Ida Kiedel
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Geo R Wannemacher
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	A C Pole
	Address,	2038 Madison Ave
	Remarks,	8920001264

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in person or by mail within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 7768.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 19 1892

4. Place of Birth, (Street and Number) 605 E. Lombard

5. Full Name of Mother, Mary Kitte Steiner

6. Mother's Maiden Name, Kitte

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo Steiner

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

1892 0001265

List of the births which have occurred under his or her care during the past month, and which should be reported as far as the same can be ascertained the full name of each child (if any shall have been christened), sex, color, date and place of birth, full name and occupation of its parents, the date and place of marriage, and the full maiden name of the mother, which information is to be delivered at the office of the Commissioner of Health. In case the parents the date and place of birth, and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recovered by law.

Ann Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH / 37764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred [illegible] his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 19, 1892.
4. *Place of Birth, (Street and Number)*	195 Cedar ave.
5. *Full Name of Mother,*	Catherine Spencer.
6. *Mother's Maiden Name,*	Smith.
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Thomas Spencer
9. *Father's Occupation,*	Pressed Brick Maker.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave
Remarks,	8920001266

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

37770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	February 19, 1892.
4. Place of Birth, (Street and Number)	438 Hickory ave.
5. Full Name of Mother,	Sarah Elizabeth Simmons.
6. Mother's Maiden Name,	Carr.
7. Mother's Birthplace,	Pa.
8. Full Name of Father,	James Thomas Simmons.
9. Father's Occupation,	Railroader.
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8920001267

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or accoucheur in charge of the case, to the office of the Commissioner of Health, within the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 3771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febry 19/92
4. *Place of Birth, (Street and Number)*	Callen's Grove
5. *Full Name of Mother,*	Margaret Kidd
6. *Mother's Maiden Name,*	Margaret Zimmerman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Haugh Kidd
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	A C Pole
Address,	2038 Madison ave
Remarks,	8 9 2 0 0 0 1 2 6 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

MAR 4 1892

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 Februar.
4. Place of Birth, (Street and Number) 1434 Decatur st.
5. Full Name of Mother, Marie Lucia Davis
6. Mother's Maiden Name, " Mackubian
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Nelson Davis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Spencer Mayfarth

Address, Bason St. 1421 Lows Pain.

Remarks, 18920001269

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 21/92
4.	*Place of Birth, (Street and Number)*	2238 Penna ave
5.	*Full Name of Mother,*	Martha Mackey
6.	*Mother's Maiden Name,*	Martha Gingling
7.	*Mother's Birthplace,*	Carroll Co Md
8.	*Full Name of Father,*	Chas E Mackey
9.	*Father's Occupation,*	Huckster
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	A C Pole
	Address,	2038 Madison ave
	Remarks,	8920001270

Health. This schedule shall contain a list of the births which have occurred under the care of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE MAR 4 1893

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-20-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Ernest Hooker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male.
2. *Race or color, (if not of the white race)* white.
3. *Date of Birth,* Oct. 21st 1892.
4. *Place of Birth, (Street and Number)* Glenlyon St. Linden
5. *Full Name of Mother,* Mary Hooker.
6. *Mother's Maiden Name,* Yingling.
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* James Hooker
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. G. Stone M.D.

Address, 1510 Pennsylvania Ave

Remarks, 18920001271

Health. This schedule shall contain a list of the births which have occurred under his of her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, or person in charge of the case, to the office of the Commissioner of Health, In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, together fines and forfeitures are recoverable.

CITY REGISTER 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

MAR 14 1892

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Rana Smith
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
	Date of Birth,	Febry 21/92
4.	*Place of Birth, (Street and Number)*	1013 Sutton as
5.	*Full Name of Mother,*	Minnie Smith
6.	*Mother's Maiden Name,*	Minnie Hofregen
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Wm F Smith
9.	*Father's Occupation,*	Manufacturers Agent
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	A C Pole
	Address,	2038 Madison ave
	Remarks,	Name added June 27 1892 by father Wm F Smith

Wm. F. Smith.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 37776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 22, 1892.
4. *Place of Birth, (Street and Number)*	414 Elm ave.
5. *Full Name of Mother,*	Mary Cornelia Howard.
6. *Mother's Maiden Name,*	Loveland.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	William Eugene Howard.
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Cleveland ave.
Remarks,	8920001273

Health. This schedule shall contain a list of the births which may occur [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 5 1892.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 February

4. Place of Birth, (Street and Number) 1447 Richardson st

5. Full Name of Mother, Kate Cahill

6. Mother's Maiden Name, A. Lacle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Pat. J. Lacle

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Katherine Mynn

Address, Boreas st. 1421 Locus. Jan

Remarks, 1892000127 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Twins

1. Sex, (state whether male or female) females
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 22 Feb.
4. Place of Birth, (Street and Number) 808 ct. Gay 2
5. Full Name of Mother, Betsy Solomon
6. Mother's Maiden Name, Jaegen
7. Mother's Birthplace, Russia
8. Full Name of Father, Levy Solomon
9. Father's Occupation, Hdt store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm R. Illig

Address, 802 E Lexington St

Remarks, 1892000 1275

register of such birth, and shall enter the same on [illegible] Health. This schedule shall contain a list of the births which [illegible] month, and shall set forth as far as the same can be ascertained [illegible] been conferred) its sex, color, the full name and occupation of the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 37779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 22, 1892.
4. Place of Birth, (Street and Number) 527 Third ave.
5. Full Name of Mother, Mary Jane Blucher.
6. Mother's Maiden Name, Schenoville.
7. Mother's Birthplace, Md.
8. Full Name of Father, John Henry Blucher.
9. Father's Occupation, Horse-Shoer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Cleveland ave

Remarks,

8920001276

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 37780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 22, 1896.
4. *Place of Birth, (Street and Number)*	247 Chestnut ave.
5. *Full Name of Mother,*	Amy Louisa Lego.
6. *Mother's Maiden Name,*	Crossville
7. *Mother's Birthplace,*	Ind.
8. *Full Name of Father,*	Amos Everett Lego.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Ind.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	8920001277

Health. This schedule shall contain a list of the births [illegible] Name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the [illegible] of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the [illegible] of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the case [illegible] of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-29-52

RETURN OF A BIRTH.

37781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Jane ~~Hart~~ 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 22/92
4. Place of Birth, (Street and Number) 2027 Mary H.
5. Full Name of Mother, Kate Hart
6. Mother's Maiden Name, Kate Grossman
7. Mother's Birthplace, Balto
8. Full Name of Father, Adam Hart
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Mansion Ave

Remarks, 8920001278

MAR 4 1892

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23/92
4. *Place of Birth, (Street and Number)*	2251 Penna ave Exld
5. *Full Name of Mother,*	Mary E. Johnson
6. *Mother's Maiden Name,*	Mary E. Messersmith
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	A Geo B Johnson
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	A C Pole
Address,	2038 Madison Ave
Remarks,	8920001279

Health. This section shall contain a list of the births ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwifery, or surgery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

MAY 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A3p82.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

5th Philip Moxom Ransom

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Feb 23 92.

4. Place of Birth, (Street and Number) 1410 E. North Ave

5. Full Name of Mother, Marietta Snow Ransom

6. Mother's Maiden Name, Snow

7. Mother's Birthplace, Ohio

8. Full Name of Father, John Clinton Ransom

9. Father's Occupation, Editor

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return F. G. Hoen

Address, 115 York Road Baltimore, Md.

Remarks, GIVEN NAME ADDED 3-14-52

MAR 4 1892

CITY

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

8 9 2 0 0 0 1 2 8 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 37784

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 22 1892

4. Place of Birth, (Street and Number) 1715 E. Federal

5. Full Name of Mother, Johanna Newman Possominski

6. Mother's Maiden Name, Newman

7. Mother's Birthplace, Germany

8. Full Name of Father, Abram Possominski

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

1892 0001281

CITY REGISTRY 1892

...ed under his or her care during the month, he shall ... as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered ... of the Commissioner of Health. In case the certificate between the first and third day of each month ... manner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter ... the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 37788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, John Reginald Cochran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 24, 1896.
4. Place of Birth, (Street and Number) 237 Chestnut ave.
5. Full Name of Mother, Mary Cochran.
6. Mother's Maiden Name, Cox.
7. Mother's Birthplace, Md.
8. Full Name of Father, Rachel B. Cochran.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8 9 0001282

Health. This schedule shall contain a list of the births which [illegible] reported under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or person in charge of the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20th 1892

4. Place of Birth, (Street and Number) 1 S. W. Lead

5. Full Name of Mother, Maria C. Bond

6. Mother's Maiden Name, " Murdoch

7. Mother's Birthplace, Balto

8. Full Name of Father, Nicholas C Bond

9. Father's Occupation. Lawyer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Lee E. Beale M.D.

Address, 219 W. Monument St

Remarks, 1892000283

Health. This schedule shall contain a list of the names of each child (if any shall have been born) of the mother named therein, and the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge or midwife, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3978

1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edward Lee 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February the 25 1891

4. Place of Birth, (Street and Number) Baltimore 1.12 South Carrollton Ave

5. Full Name of Mother, Mary Elizabeth Doyle

6. Mother's Maiden Name, Mary Elizabeth Henery

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James Frances C Doyle

9. Father's Occupation, Machinest

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Maggie C Wales

Address, 1400 Ramsey St

Remarks, 8924 0 0 1 2 8 4

Wm J C. Dulany Co., City Printers and Stationers.

Health. ... this schedule shall be delivered, duly signed by the practitioner in the form of ... certificate between the ... and the ... month, and shall set forth as far as the same can be ascertained the full name and ... of each ... of any child ... have been conferred) its sex, color, the full name and occupation of its parents, the date and ... of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of ... certificate between the ... and the third day of each and every month to the office of the Commissioner of Health. In case ... birth of any child shall occur without the attendance of a physician or practitioner of midwifery, ... month ... other person ... attendance upon the mother, immediately thereafter it shall become the duty of ... person or parents of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) C.

3. Date of Birth, Feby 25. 1892.

4. Place of Birth, (Street and Number) 1630 Mulliken Pl.

5. Full Name of Mother, Sophia Elickson

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md.

8. Full Name of Father,

9. Father's Occupation, (Illegitimate Child)

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Susan Hooper.

Address, 123. N. Durham St

Remarks,

1 8 9 2 0 0 0 1 2 8 5

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 26, 1892.
4. Place of Birth, (Street and Number) No. 1320 E. Townsend st.
5. Full Name of Mother, Maggie Clark.
6. Mother's Maiden Name, Maggie Morton.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jerome Clark.
9. Father's Occupation, Railway Supt.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Chas. A. Elwell, M.D.

Address, 1741 Harford ave

Remarks,

1892 MAR 1

1 8 9 2 0 0 0 1 2 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon the birth of each child, it shall be the duty of the attending physician or midwife, or other person in attendance, to make a return of the same, and of the particulars required by the following schedule, to the office of the Commissioner of Health, within ten days after the birth; and in default of such return being made, the midwife, physician or person in attendance shall forfeit and pay the sum of ten dollars for each child. If any child born in Baltimore city shall be found dead, or if any child shall die within the limits of said city before a return of its birth shall have been made, as herein required, the Commissioner of Health, or his deputy, shall issue his certificate, stating the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the cause of death, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 30790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febuary 26 - 1892
4. Place of Birth, (Street and Number) 602 South Patterson Park ave
5. Full Name of Mother, Annie F. Kommalan
6. Mother's Maiden Name, Annie F. Fritsch
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fred. L. Kommalan
9. Father's Occupation, Stove Mounter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M. Sommers

Address, 611 South Patterson Park Ave

Remarks,

18920001287

Health. This Schedule shall contain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its MAR the Date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its MAR the Date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained the full name and occupation of its MAR the Date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained

RETURN OF A BIRTH

A 37791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Feby 26/92
4. Place of Birth (Street and Number),	214 S. Collington Ave.
5. Full Name of Mother,	Elizabeth White
6. Mother's Maiden Name,	Elizabeth Thompson
7. Mother's Birthplace,	Texas
8. Full Name of Father,	Fred K White
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Somerset Co. Md.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	129 S. Broadway
Remarks,	1892 0001288

The Penalties set forth as far as the same can be ascertained the full name of each child. If any shall have been con- and shall set forth as far as the same can be ascertained the ferred, its sex, color, the full name and occupation of its parent shall be delivered, duly signed by the practitioner in the form each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the mother. Immediately thereafter it shall become the duty of the Commissioner of Health, in the manner and within the provisions who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 31792

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Feby 26th - 1892.
4. *Place of Birth, (Street and Number)*	647 N. Calhoun st.
5. *Full Name of Mother,*	Sarah H. Goldsmith.
6. *Mother's Maiden Name,*	Windsor.
7. *Mother's Birthplace,*	Virginia (Norfolk)
8. *Full Name of Father,*	Frank J. Goldsmith.
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Mississippi.
Name of Medical Attendant, or other person who makes this Return.	R. H. Goldsmith. 647 N. Calhoun st.
Address,	
Remarks,	1892000 1289

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BPM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Max Joseph

1. *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Jewish
4. *Date of Birth,* 27 Feb 1892
5. *Place of Birth. (Street and Number)* 189 Harrison St
6. *Full Name of Mother,* Eda Joseph
7. *Mother's Maiden Name,* Kysell
8. *Mother's Birthplace,* Europe
9. *Full Name of Father,* Joseph Joseph
10. *Father's Occupation,* Shoemaker
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Wm R Ulrey

Address, 1302 E Lexington St

Remarks, 18920001290

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of each person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-31-58

RETURN OF A BIRTH.

A 37794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lee Hewitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 27 1892.
4. Place of Birth, (Street and Number) Forth ave, near Broadway.
5. Full Name of Mother, Annie Hewitt.
6. Mother's Maiden Name, Annie Will.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Harry Hewitt.
9. Father's Occupation, Photographer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1241 Hanford ave

Remarks,

8920001291

MAR 1892

Wm J C Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-7-63

RETURN OF A BIRTH.

A 39799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carrie Louise Deihlman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 27" 1892
4. Place of Birth, (Street and Number) 113 Hanover
5. Full Name of Mother, Dorie Deihlman
6. Mother's Maiden Name, Dorie Bald
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H J Deihlman
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N Charles

Remarks,

8 9 2 0 0 0 1 2 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child of any such [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the time of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37796.

GIVEN NAME ADDED 5-29-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name? James Edward Cochran 2?

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 28, 1892

4. Place of Birth, (Street and Number) 1905 Druid Hill Ave

5. Full Name of Mother, Lillie Cochran

6. Mother's Maiden Name, Gilchrist

7. Mother's Birthplace, Balt.

8. Full Name of Father, Carmen Cochran

9. Father's Occupation, Merchant

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Hubbard M.D.

Address, 1008 Madison Ave.

Remarks, 8920001293

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of the father; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-18-55

RETURN OF A BIRTH. 37797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Freida Yountken

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Feb. 28th, 1892.
4. Place of Birth, (Street and Number) Balto. Md. 2234 Ensor st.
5. Full Name of Mother, Wallie Yountken
6. Mother's Maiden Name, Wallie Sanders.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Fredrick Yountken
9. Father's Occupation, Boiler Maker.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Amelia Sommers

Address, 611 S. Patterson Pk Ave Balto Md

Remarks,

1892 0001294

Health. [illegible] month, and shall set forth as far as the same can be ascertained the [illegible] name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-12-55

RETURN OF A BIRTH. B. 37798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Alfred ~~Grolock~~ Grolock

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Feb 1892
4. Place of Birth, (Street and Number) 1917 Biddle St
5. Full Name of Mother, Augusta Grolock
6. Mother's Maiden Name, Disher
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Grolock
9. Father's Occupation, Hairy
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs J Gross

Address, 1917 E Monument St

Remarks,

8920001295

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife in charge, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father, or should no other person be in attendance upon the mother immediately thereafter, the mother of such child shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CITY OF BALTIMORE 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

tion of its birth; the date and place of birth; and the
titioner in the birth of a certificate between the first and
ector of Health. In case the birth of any child
ection of a physician or midwife), or should no other person be in
shall become the duty of the person or parents of such
on the 1892 and within the period above required, and
ch the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 February
4. Place of Birth, (Street and Number) 1411 Eastern st.
5. Full Name of Mother, Augusta Krug
6. Mother's Maiden Name, " Fuller
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Krug
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katherine Myers

Address, Brown & 1401 Fells Point

Remarks, 8 Months

8920001296

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A37800.

GIVEN NAME ADDED 2-20-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Rose Trimp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6 Twin 7

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 28 of February 1892

4. Place of Birth (Street and Number), 337 Courtland St

5. Full Name of Mother, Ina Jane Trimp

6. Mother's Maiden Name, Jane Kilcoe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Trimp

9. Father's Occupation, Messenger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ina Fannie Ingram

Address, 223 Clay St

Remarks,

8920001297

and shall set forth as far as the same can be ascertained the full name of each child born alive, if any shall have been born, and if not named, the fact; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate not later than the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1980.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feby 29th, 1892.

4. *Place of Birth, (Street and Number)* 1904 Penna. Ave.

5. *Full Name of Mother,* Mary Elizabeth Snipe.

6. *Mother's Maiden Name,* " " Konig.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Millard Fillmore Konig.

9. *Father's Occupation,* Brakeman.

10. *Father's Birthplace,* Glenn Rock, Pa.

Name of Medical Attendant, or other person who makes this Return. Hugh Forsythe, M.D.

Address, 1925 Penna. Ave.

Remarks,

8 9 2 0 0 0 1 2 9 8

MAR 4 1892

Wm J. C. Dulany Co., City Printers and Stationers.

name can be ascertained the full name of each child. If any shall have
e and occupation of its parents, the date and place of birth, and the
ed by the practitioner in the form of a certificate between the first and
ffice of the Commissioner of Health. In case the birth of any child
ysician or practitioner of midwifery, or should no other person be in
r of Health. In the manner and within the period above required, and
r earlier it shall become the duty of the person or parents of such
after fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 37807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 29th
4. Place of Birth, (Street and Number) 509 Robert St
5. Full Name of Mother, Estella Simmons Saufler
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto City
8. Full Name of Father, Ed. Simmons
9. Father's Occupation, Postal Clerk
10. Father's Birthplace, York Co Va

Name of Medical Attendant, or other person who makes this Return. John G. Huck

Address, ~~ff~~ 647 Lafayette Ave West

Remarks, 8920001299

Health. This schedule shall contain a list of the births which have occurred in the house or tenement occupied by the person in his or her care during the month, and shall set forth as far as the same can be ascertained by inquiry of the mother, or other person conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the delivered, only signed by the physician or midwife in attendance, or by the person who has been conferred) its sex, color, the full name and occupation of the father, the date and place of the first and delivered, only signed by the physician or midwife in attendance, or by the person who has been schedule shall be delivered every month to the Commissioner of Health, or should no other person be in said schedule shall be every month to the Commissioner of Health, or should no other person be in attendance, or by the person who has been conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the third day of each and every month to the physician or midwife in attendance, or by the person who has been conferred) its sex, color, the full name and occupation of the father, the date and place of the first and shall occur without the mother, immediately by the physician or midwife in attendance, or by the person who has been conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the attendance upon the mother, the Commissioner of Health, or should no other person be in attendance, or by the person who has been conferred) its sex, color, the full name and occupation of the father, the date and place of the first and child to report its birth to the Commissioner of Health, or should no other person be in attendance, or by the person who has been conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-6-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) Irving Bruce Thawley

1. Sex, (~~State whether~~ male or ~~female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, Feb 29th 1892
4. Place of Birth, (Street and Number) 226 N Paca St
5. Full Name of Mother, Carrie Edith Thawley
   Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Port Republic Calvert Co Md
8. Full Name of Father, Charles J. Thawley
9. Father's Occupation, Painter
10. Father's Birthplace, Huntsburg Queen Annes Co Md

Name of Medical Attendant, or other person who makes this Return. Elias C Trice M.D.

Address, 953 Madison ave

Remarks, I have had records of the above births for about three days and that I forget every day, to get.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, (if any shall have ...month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the ...been conferred its sex, color, the full name and occupation of the father, and the maiden name of the mother. A certificate in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, or his agent, within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recoverable. ...to be recovered as other fines and forfeitures are recoverable.

MAY 7 1892

RETURN OF A BIRTH. A 31804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	—
3.	*Date of Birth,*	29 Feb 1892
4.	*Place of Birth, (Street and Number)*	Cor. Mo Eldey & Castle st
5.	*Full Name of Mother,*	Minnie Krause
6.	*Mother's Maiden Name,*	Simon
7.	*Mother's Birthplace,*	Baltimor County
8.	*Full Name of Father,*	Louis Krause
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Baltimor
	Name of Medical Attendant, or other person who makes this Return,	Mrs L Gross
	Address,	No. 1907 E Monument st
	Remarks,	

8920001301

CITY OF BALTIMORE MAR 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, the person in whose house or premises such birth shall occur, or the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 29
4. *Place of Birth, (Street and Number)*	614 Chadwick St.
5. *Full Name of Mother,*	Maggie Bannon Ryan
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Michael Bannon
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Henry [illegible]
Address,	405 Lemmon
Remarks,	8920001302

Health. This schedule shall contain a list of the [illegible] full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the [illegible] and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, [illegible] In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, [illegible] the person [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of this person shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Feb 2 [illegible]
4.	*Place of Birth, (Street and Number)*	620 Fulton st
5.	*Full Name of Mother,*	Hannah Virginia Hooper
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	[illegible]
9.	*Father's Occupation,*	Stevedore
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	J B Bodden
	Address,	
	Remarks,	412 Lewis st

1892000 1303

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 3 1902
4. *Place of Birth, (Street and Number)* 925 Smith's Alley
5. *Full Name of Mother,* Lena Gatti
6. *Mother's Maiden Name,* Lena Gatti
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Gatti
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. G. C. Bell

Address, 1243 E. Lombard St. or Central Ave

Remarks, M. Well

18920001304

Section 1. Be it enacted by the People of the State of Maryland, That the following form as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. The attendant upon each birth shall ascertain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Feb - 5 th 1892
4. Place of Birth, (Street and Number) #430 Calvin Ave -
5. Full Name of Mother, Sarah C. Ningard
6. Mother's Maiden Name, " " Dampman
7. Mother's Birthplace, Balto. Co Md
8. Full Name of Father, William F. Ningard
9. Father's Occupation, Car driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly City -

Remarks,

1 8 9 2 0 0 0 1 3 0 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 6th 1892
4. Place of Birth, (Street and Number) Montabello Ave.
5. Full Name of Mother, Ida M. Leonard
6. Mother's Maiden Name, " " George
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry M. Leonard
9. Father's Occupation. Machenist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin MD

Address, Waverly City

Remarks,

89200001306

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This section shall not be construed to require the same fact to be ascertained the full name of each child of any such [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child of any such [illegible] been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1 37810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Oct. 11
4. *Place of Birth, (Street and Number)* 1613 vincent ave
5. *Full Name of Mother,* Rosa L. Diggs
6. *Mother's Maiden Name,* Rosa Baker.
7. *Mother's Birthplace,* Bath Town, Loudon
8. *Full Name of Father,* John Baker
9. *Father's Occupation,* contractor
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Mrs. Polunza

Address, 1610 vincent ave.

Remarks, ...

1 8 9 2 0 0 0 1 3 0 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3n811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 11 1892
4. *Place of Birth, (Street and Number)*	2 1/2 E Monument St
5. *Full Name of Mother,*	Mary Eile
6. *Mother's Maiden Name,*	Mary Kenedy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dr C. Smith
Address,	12 1/2 E. Monument Street Local Cor.
Remarks,	Ow Well

8920001308

...shall set forth as far as the same can be ascertained the full name of each child. (If any shall have ...month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 12 1892
4. *Place of Birth, (Street and Number)* 121 Druid Hill Ave
5. *Full Name of Mother,* Dora Dunn Stanton
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* Herman Clarke Dyer
9. *Father's Occupation,* Coal City Clerk
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Sarah Peters

Address, 1610 Druid Ave

Remarks,

8 9 2 0 0 0 1 3 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 3781-3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 16 the 1892
4. Place of Birth, (Street and Number) 114 n High st
5. Full Name of Mother, Louise Warlitz
6. Mother's Maiden Name, Louise Hausler
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Warlitz
9. Father's Occupation, Pianomaker
10. Father's Birthplace, Germany
Name of Medical Attendent, or other person who makes this Return, Mrs W. Maennel Midwife
Address, 923 Penna Ave
Remarks,

8920001310

Health. This schedule shall contain a list of the surnames and the full name of each child of any sha... month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the... been conferred) its sex, color, the full name and occupation of its parents, the date of a certificate between the first and... said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child... third day of each and every month to the office of the Commissioner of Health, or should no other person be in... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in... shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such... attendance upon the mother, within the period above required, and... child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11th 1897
4. Place of Birth, (Street and Number) 130 Fenton Street
5. Full Name of Mother, Annie Knabe
6. Mother's Maiden Name, Annie Fleada
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad Knabe
9. Father's Occupation, Sales man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Mesenzahl

Address, 543 W Pratt St

Remarks, 8920001311

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 17. 92
4. Place of Birth, (Street and Number) Balto 1042 Pennsylvania Ave.
5. Full Name of Mother, Ida Alvina Lott
6. Mother's Maiden Name, Schulze
7. Mother's Birthplace, Düsseldorf Prussia
8. Full Name of Father, John Lott
9. Father's Occupation, Stone cutter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendent, or other person who makes this Return Mrs W. Maennel Midwife

Address, 923 Penna Ave

Remarks,

8920001312

Health. This schedule shall contain a true statement of the number of each child of any such name month, and shall set forth as far as the same can be ascertained the full name of each child of any such name been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 18 1892
4. *Place of Birth, (Street and Number)*	#1225 Edward St
5. *Full Name of Mother,*	C. Brown
6. *Mother's Maiden Name,*	C. Baker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	A. Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt. Co. Md
Name of Medical Attendant, or other person who makes this Return.	Dr. A. B. Hill
Address,	1215 E. Monument St & Co Central Ave.
Remarks,	Ch Dead

8920001313

Health, this ... Same can be ascertained ... full name of each child, (if any shall have ... month, and shall set forth as far as the same can be ascertained ... Parents, the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation of ... the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner ... Board of Health. In case the birth of any child ... third day of each and every month to the office of ... midwifery, or should no other person be in ... shall occur without the attendance of a physician or ... person or parents of such ... attendance upon the mother, immediately thereafter, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, it shall become the duty of ... comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which the [illegible] of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 12th
4. *Place of Birth, (Street and Number)* 111 Druid Hill Ave
5. *Full Name of Mother,* Lucy Knacke
6. *Mother's Maiden Name,* Lucy Doring
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Knacke
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendent, or other person who makes this Return: Mrs W. Maennel Midwife

Address, 923 Penna Ave

Remarks,

1892000131 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 19th 1892
4. *Place of Birth, (Street and Number)* S. W. corner Rigs ave Watcoat sts
5. *Full Name of Mother,* Katie Christine Storm
6. *Mother's Maiden Name,* " " Müller
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wm Storm
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto City

Name of Medical Attendent, or other person who makes this Return, Mrs W. Maenner Midwife

Address, 913 Penna Ave

Remarks,

8920001315

Health. This schedule shall contain a list of the Christian names of each child of any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the person in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 37819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb. 23d 1892
4. Place of Birth (Street and Number)	631 N. Central ave
5. Full Name of Mother	Carrie Ethel Brooks
6. Mother's Maiden Name	" " Lee
7. Mother's Birthplace	Fredericksburg Va
8. Full Name of Father	Randolph Brooks
9. Father's Occupation	Waiter
10. Father's Birthplace	Fredericksburg Va
Name of Medical Attendant, or other Person who makes this Return.	Dr. Winsey M.D
Address	1229 E. Fayette st
Remarks	Sent Notice and no fee term

1892 CITY REGISTRAR MAR 3

1892000131 6

RETURN OF A BIRTH. A 37870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 of Feb
4. *Place of Birth, (Street and Number)* 1609 Mount Street
5. *Full Name of Mother,* Susen Carter
6. *Mother's Maiden Name,* Susen Gardner
7. *Mother's Birthplace,* Prince george County
8. *Full Name of Father,* Thomas William Carter
9. *Father's Occupation,* Contract Work
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent ave nue

Remarks, 8920001317

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its baptism, if any. Any physician or practitioner in midwifery, or other person in charge of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the physician or practitioner in midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner in midwifery, or should no other parents of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner, the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-22-55

37871.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lillian Buchnauer Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 24th 1894
4. *Place of Birth, (Street and Number)*	516 Windsor Avenue
5. *Full Name of Mother,*	Margaret Buchnauer
6. *Mother's Maiden Name,*	Margaret Klears
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Buchnauer
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Kearnzeka
Address,	542 Mc " Wheeler st
Remarks,	8920001318

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-10-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Talbott

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	22th of February 1892
4.	*Place of Birth, (Street and Number)*	749 Columbia Ave.
5.	*Full Name of Mother,*	Lora E. Talbott
6.	*Mother's Maiden Name,*	Lora E. Frances.
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Joshua N. Talbott
9.	*Father's Occupation,*	Blacksmith
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Susan S Hunter
	Address,	23 N Poppleton St.
	Remarks,	8920001319

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 23 1892
4. *Place of Birth, (Street and Number)*	1015 Point Lane
5. *Full Name of Mother,*	Lena Butt
6. *Mother's Maiden Name,*	Lena Hofmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Butt
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	M. C. Butt
Address,	1215 E. Monument St. ca. Central Ave
Remarks,	All Well

1892000 1320

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in attendance of a physician or Practical Midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23rd 92
4. Place of Birth, (Street and Number) # 04 W. 23rd St.
5. Full Name of Mother, Emma Virginia Williams
6. Mother's Maiden Name, Emma Virginia Burns
7. Mother's Birthplace, Manchester Carroll Co. Md.
8. Full Name of Father, Wm J. Williams
9. Father's Occupation, Conductor B. & O. R. R.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Cecil C. Kenney M.D.

Address, 120 W. 23rd St.

Remarks, 1892000132 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feber 24
4. *Place of Birth, (Street and Number)* 2012 Hutson ave
5. *Full Name of Mother,* Henretta B. Foote
6. *Mother's Maiden Name,* Henretta Young
7. *Mother's Birthplace,* Cobham Virginia
8. *Full Name of Father,* William B Foot
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Robinson

Address, 1610 Vincent ave

Remarks, 1892 0001322

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-14-55

RETURN OF A BIRTH.

B 37826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Virginia A. Armstrong

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 22 1892
4. *Place of Birth, (Street and Number)*	1800 (Arch St.
5. *Full Name of Mother,*	Mary Armstrong
6. *Mother's Maiden Name,*	Mary Little
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	C. Armstrong
9. *Father's Occupation,*	Stone mason
10. *Father's Birthplace,*	Balto County
Name of Medical Attendant, or other person who makes this Return.	Dr. C. Bull
Address,	1245 E. Monument St cor. Central Ave
Remarks,	All Right

1892 0001323

Health. This section must be filled out by the Physician, Midwife or Householder in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-13-56

RETURN OF A BIRTH.

A 39877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Rose Seibert Left 6 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 24, 1892

4. Place of Birth, (Street and Number) 1870 Wood Year

5. Full Name of Mother, Barbara Seibert

6. Mother's Maiden Name, Barbara Wemhart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Seibert

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Wemhart

Address, 543 Mc Sherman st

Remarks, 8920001324

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 37828.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25, 1892
4. Place of Birth, (Street and Number) 2127 St. Paul St
5. Full Name of Mother, Mollie Boyd Weir
6. Mother's Maiden Name, Mollie Boyd
7. Mother's Birthplace, City
8. Full Name of Father, A. Stanley Weir
9. Father's Occupation, Accountant
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D.

Address, 321 N. Paca

Remarks,

1892 U 001325

List of the births which have occurred under his or her care during the month, and shall state the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, during the first week of each month to the Office of the Commissioner of Health, other person ascertained the full name of each child (if any shall have been conferred), its sex, color, ~~if named~~ by the practitioner in the form of a certificate between the first and third day of each and every month or practitioner of midwifery, or should no such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 10

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colgrd
3. *Date of Birth,* ~~Nov 4th cent~~ Febuary 25, 1892
4. *Place of Birth, (Street and Number)* 1115 Vincent St
5. *Full Name of Mother,* Jenney Anderson
6. *Mother's Maiden Name,* Jenney Boren
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* John Anderson
9. *Father's Occupation,* Domestic Work
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent av

Remarks, 8 9 2 0 0 0 1 3 2 6

month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offense, to be recovered as ... 1892 ... Fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 21 1892
4. *Place of Birth, (Street and Number)*	1537 Monument St.
5. *Full Name of Mother,*	Annie Baum
6. *Mother's Maiden Name,*	Jamie Katz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	H. Baum
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	H. C. Burk.
Address,	1537 E. Monument St
Remarks,	Case Yards

8920001327

register of such birth, and shall enter the same in the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 27th 1892

4. Place of Birth, (Street and Number) 1911 Montenegro Ave Northy

5. Full Name of Mother, Ella Louise

6. Mother's Maiden Name, " McDonald

7. Mother's Birthplace, Md

8. Full Name of Father, Charles Carbis

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Clinton Ruby

Address, 1143 Johnson St Baltimore

Remarks, 1 8 9 2 0 0 0 1 3 2 8

MAR 29 1892

#889

1378

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

37832.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 27 1892

4. *Place of Birth, (Street and Number)* 1212 Battery Ave Md

5. *Full Name of Mother,* Irene Lucas

6. *Mother's Maiden Name,* Irene Shears

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William Lucas

9. *Father's Occupation,* Letter Carrier

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Olyn a Tuck

Address, 1143 Johnson St Baltimore

Remarks, 1892000 1329

list of the births which have occurred under his or her care during the month, and shall set forth as far as he same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and will be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the five of ty (50) dollars for each offense to be recovered as other fines and forfeitures are recovered.

1892

n Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 18 92

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb. 27 1892
4. *Place of Birth, (Street and Number)*	1012 McCulloh St
5. *Full Name of Mother,*	Rachel Dunnington Poor
6. *Mother's Maiden Name,*	Baltimore Md
7. *Mother's Birthplace,*	Alfred Poor
8. *Full Name of Father,*	Railroad Agent
9. *Father's Occupation,*	Virginia
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Walter B Platt.
Address,	802 Cathedral St.
Remarks,	1892000133 0

Wm J C. Dulany Co., City Printers and stationers.

Health. This schedule shall contain the full name of each child (if any shall have been born) and the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the father, and the first and last name of the mother in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such shall occur without the presence of a physician or practitioner of midwifery, and it shall become the duty of the person or parents of such attendance upon the mother, immediately of Health, in the event with the period above required, and child to report its birth to the Commissioner of Health, in the event with the shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28th 1892
4. Place of Birth, (Street and Number) #240 - 11th Street
5. Full Name of Mother, Annie Jenkins
6. Mother's Maiden Name, " Porter
7. Mother's Birthplace, Prince George Co Md
8. Full Name of Father, William W. Jenkins
9. Father's Occupation, Car driver
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station - City

Remarks, 8920001331

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 4th 98.
4. *Place of Birth, (Street and Number)* Baltimore & Fields Alley 1307
5. *Full Name of Mother,* Katie Morrell
6. *Mother's Maiden Name,* Katie Forrester
7. *Mother's Birthplace,* Elkert County Md
8. *Full Name of Father,* Benjamin Morrell
9. *Father's Occupation,* Poter & Driver
10. *Father's Birthplace,* Elkert County Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollings

Address, 1616 Vincent ave

Remarks,

8920001332

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex; color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 3736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 February 1892
4. *Place of Birth, (Street and Number)*	Johnson 129
5. *Full Name of Mother,*	Kate Harson
6. *Mother's Maiden Name,*	Kate Janer
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	Samuel Harson
9. *Father's Occupation,*	Paterson maker
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1828 Light St
Remarks,	Dr 1733 Hall

1892 Dec 1733

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 37837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which ... occurred under his or her care during the month, and shall set forth as far as the same can be ascertained ... the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of ... parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, ... the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 28th 92
4. Place of Birth, (Street and Number) 222 Jefferson Place
5. Full Name of Mother, Annie R. Reynolds
6. Mother's Maiden Name, Annie R. White
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm J. Reynolds
9. Father's Occupation, Laborer
10. Father's Birthplace, Towson Md.

Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart, MD

Address, 120 W. 23rd St

Remarks,

1892000334

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-20-57

RETURN OF A BIRTH. A 37838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Grollman

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febry 29-92

4. Place of Birth, (Street and Number) 305 N Edw St

5. Full Name of Mother, Sarah Grollman

6. Mother's Maiden Name, Sarah Fuld

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Aaron Grollman

9. Father's Occupation, Photographer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Joseph Blum MD

Address, 6N Eutaw Ave

Remarks, 1892 0 0 0 1 3 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

MAR 3 1893

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 37839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feby 29th 1892
4.	*Place of Birth, (Street and Number)*	765 Ramsey St
5.	*Full Name of Mother,*	Annie Shea
6.	*Mother's Maiden Name,*	Annie Fahey
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	John Andrew Shea
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Seneca Montgomery Co, Md
	Name of Medical Attendant, or other person who makes this Return,	Susan L Hunter
	Address,	23 N Pappleton St
	Remarks,	8 9 2 0 0 0 1 3 3 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as he same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in case the birth of any child attendance upon the mother immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 37840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, January the 29-18-92
4. Place of Birth, (Street and Number) 622 Green willow Street
5. Full Name of Mother, Lopha Murdock
6. Mother's Maiden Name,
7. Mother's Birthplace, In west Virginia Maryland
8. Full Name of Father, William Murdock
9. Father's Occupation, he is Laber
10. Father's Birthplace, born in West Virginia-Md

Name of Medical Attendant, or other person who makes this Return. Lucy Carmish

Address, 2528 Carrie alley

Remarks, 89 2 0 0 0 1 3 3 7

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3784.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Feb 29 – 3 P.M.
4. *Place of Birth (Street and Number),* 1524 E Avenue
5. *Full Name of Mother,* Annie Light
6. *Mother's Maiden Name,* A. Fuller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo. Light
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. Jesse E Dennis M.D

Address, 1701 Balto St East

Remarks,

1892000133 8

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born,

GIVEN NAME ADDED 3-21-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ralph Robinson	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 28/92
4. Place of Birth, (Street and Number)	312 N. Paca St
5. Full Name of Mother,	Emma Robinson
6. Mother's Maiden Name,	Funk
7. Mother's Birthplace,	Hagerstown Md
8. Full Name of Father,	M. L. Robinson
9. Father's Occupation.	Photographer
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Thomas Ofie M.D
Address,	600 N Howard
Remarks,	1892000339

Health. This schedule shall contain a list of the surnames and the full name of each child of any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be found within the period above required, and child to report its birth to the Commissioner of Health, in the manner the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offense, to be recovered before other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1892
4. Place of Birth, (Street and Number) 1145 Hollins St.
5. Full Name of Mother, Annie M. Lloyd
6. Mother's Maiden Name, Harr
7. Mother's Birthplace, Washington City D.C.
8. Full Name of Father, Walter Lloyd
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John Sixth
Tout. Carrollian

Address,

Remarks, 1892000 1340

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This Schedule shall be used for the return of each birth, and shall record the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child 1822

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 February 1892
4. Place of Birth, (Street and Number) 1122 Court St
5. Full Name of Mother, Mary Virginia Manning
6. Mother's Maiden Name, Flynn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James F. Manning
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Gethe

Address, #114 South Sond Street

Remarks, 18920001341

month, and shall set forth as far as the same can be ascertained the full name of each child of any such have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-26-54

A 3,845.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Mae ~~Anderson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 27th 1892
4. *Place of Birth, (Street and Number)* 878 N Stricker St
5. *Full Name of Mother,* Mamie Anderson
6. *Mother's Maiden Name,* Baer
7. *Mother's Birthplace,* Bel-Air Harford Co Md
8. *Full Name of Father,* James M Anderson
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Georgia (Savannah)

Name of Medical Attendant, or other person who makes this Return, Dr K Warren

Address, 901 N Stricker

Remarks, 8920001342

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 37846.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 29th 1892
4. *Place of Birth, (Street and Number)* 417 N. Gilmor St.
5. *Full Name of Mother,* Annie Lewis
6. *Mother's Maiden Name,* Baker -
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Lewis
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. John Sell M.D.

Address, 701 Mandeville ave

Remarks, 8920001343

Health. This schedule shall contain a list of the names of each child, (if any shall have been ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name and the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

12 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37847.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* Feb first 1892
4. *Place of Birth,* (*Street and Number*) 320 Biddle Street
5. *Full Name of Mother,* Annie Green Barnes
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* St Marys County
8. *Full Name of Father,* James Green
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* St Marys County

Name of Medical Attendant, or other person who makes this Return. Ezekiel Botance

Address, 619 Preston Street

Remarks, 1892000 1344

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

37848.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 2. 1892
4. *Place of Birth, (Street and Number)* 16 E. Fort Av.
5. *Full Name of Mother,* Anna Glauberfeld
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Glauberfeld
9. *Father's Occupation,* Lumacker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barker

Address, 5 Guilford Ave

Remarks, 8920001345

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. 1876.

RETURN OF A BIRTH.

37849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd Feb
4. *Place of Birth, (Street and Number)*	1824 N Caroline st
5. *Full Name of Mother,*	Mary Eck
6. *Mother's Maiden Name,*	Hall
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry C Eck
9. *Father's Occupation,*	Wood Turner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1940 N Gay st
Remarks,	8920001346

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED

37850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Andrews

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Margaret E. (Andrews)
6. Mother's Maiden Name,
7. Mother's Birthplace, (Howard)
8. Full Name of Father, (Andrews)
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8920001347

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or should no other person be in attendance upon the mother, immediately thereafter, or should no physician or practitioner of midwifery, or other person in attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the person above required, and in the manner and within the period above required, it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1892

RETURN OF A BIRTH. 37857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 6 1892
4. *Place of Birth, (Street and Number)* Carroll
5. *Full Name of Mother,* Hester E Green
6. *Mother's Maiden Name,* Hester E Watson
7. *Mother's Birthplace,* Calvert Co MD
8. *Full Name of Father,* Lewis H Green
9. *Father's Occupation,* Huckster and Farmer
10. *Father's Birthplace,* Prince George Co MD

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Hicks

Address, Carroll Post Office Balto

Remarks, 8920001348

Health. This schedule shall contain a list of the births which may [illegible] name of each child (if any shall have month, and shall set forth as far as the same can be ascertained the [illegible] the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge of Health. In case the birth of any child third day of each and every month, to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Feb 6th 1942.
4. *Place of Birth, (Street and Number)* 128 Pierce Street
5. *Full Name of Mother,* Lessie L. Brown Kline
6. *Mother's Maiden Name,* [illegible] Kline
7. *Mother's Birthplace,* Gatlinburg Tenn.
8. *Full Name of Father,* John L. Brown
9. *Father's Occupation,* saw factory
10. *Father's Birthplace,* Edenton North Carolina

Name of Medical Attendant, or other person who makes this Return. Lester Coburn

Address, 514 Preston Street

Remarks, 8920001349

This schedule shall contain a list of the births which shall have occurred in each family during the month next preceding the date of the return, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been born alive), the sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth; and the color, the full name and place of residence of the physician or midwife, if any, by whom the birth was certified, and the place of residence of the person making the return, the date and place between the first and been conferred) its sex, color, the full name and place of residence of the physician or midwife, if any, by whom the birth was certified, and the place of residence of the person making the return, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, or by the person making the return, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 7. 1892
4. *Place of Birth, (Street and Number)* 727 S. Charles St
5. *Full Name of Mother,* Lena Barman
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Philip Barman
9. *Father's Occupation,* Peddler of Sewing-machines
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barber

Address, 5 Guilford Alley

Remarks, 1892000 1350

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Lambert Fader

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 8th 1892
4. *Place of Birth, (Street and Number)*	2114 E Monument st
5. *Full Name of Mother,*	Minnie Fader
6. *Mother's Maiden Name,*	" Bahr
7. *Mother's Birthplace,*	Harford Co
8. *Full Name of Father,*	Charles Fader
9. *Father's Occupation,*	Shoe Operator
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Bay st
Remarks,	GIVEN NAME ADDED. 8-1-54

8920001351

Health. This schedule shall contain a list of the births which have occurred in the family of each child, if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner (15) midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	10 Feb
4. *Place of Birth, (Street and Number)*	1804½ Spring St
5. *Full Name of Mother,*	Margret Pfadenhauer
6. *Mother's Maiden Name,*	Emelia
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Pfadenhauer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 E Gay St
Remarks,	8920001352

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of each person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* February 11 (1892)
4. *Place of Birth, (Street and Number)* 308 Hoffman Street
5. *Full Name of Mother,* Martha J. Hawkins Ridout
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Thomas Hawkins
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Helen E. Laine

Address, 874 Preston Street

Remarks, 8920001353

Health. This schedule shall contain a list of the names of each child (if any shall have been born) and shall set forth as far as the same can be ascertained the full name and occupation of its parents; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents; and the date and place of birth; and the been conferred) its sex, color, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 13th
4. *Place of Birth, (Street and Number)*	2529 N Oliver st
5. *Full Name of Mother,*	Lena Arnold
6. *Mother's Maiden Name,*	" Halbert
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Arnold
9. *Father's Occupation,*	Brick maker
10. *Father's Birthplace,*	Penn
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Bay st
Remarks,	8920001354

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amounts are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 1-12-58

37808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William P. ~~Heatterpick~~ Heatterwick

1. Sex, (state whether male or female) Female Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4th 1892
4. Place of Birth, (Street and Number) 1456 Pinkney Place
5. Full Name of Mother, Rosa Heatterwick
6. Mother's Maiden Name, " Haas
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Conrad Heatterwick
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosa Heatterwick #1856 Monument St.

Address,

Remarks, 8920001355

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the full name, color, the full name by the practitioner or midwife, and the date and place of birth, first and given (or if no name has been conferred) its sex, color, the date of the Commissioners of Health. In case the birth of any child has been delivered, duly signed by the practitioner or midwife, and the certificate between the first and said schedule shall be delivered month to the office of the Commissioners of Health. In case the birth of any child third occur without the attendance of a physician or midwife, or should no other person of such shall occur without the mother immediately thereafter, in the manner and within the period above required, and attendance upon the Commissioner of Health, in the manner and within the period above required, and become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* February the fifteenth 1892
4. *Place of Birth, (Street and Number)* 767 Clement Alley
5. *Full Name of Mother,* Sarah Holland
6. *Mother's Maiden Name,* —— Mc. Laine
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Mr Basil Holland
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Elliott-City

Name of Medical Attendant, or other person who makes this Return. Hester Tolaine

Address, 474 Preston Street

Remarks, 8920001356

Health. This schedule shall contain a list of the births which shall have occurred in any family during the preceding month, and shall set forth as far as the same can be ascertained the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place between the first and month, and shall be delivered, duly signed by the practitioner in attendance, or by the person having charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the city, or should no one of the parents of such child be able to report its birth as aforesaid, then it shall be the duty of the person or persons who shall be present at the birth, or of the head of the family of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37860

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 th
1.	*Sex, (state whether male or female)*	Male,
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	Feby 15 th 1892
4.	*Place of Birth, (Street and Number)*	1510 Baker St
5.	*Full Name of Mother,*	Susan J. Grove
6.	*Mother's Maiden Name,*	Susan J. Miller
7.	*Mother's Birthplace,*	Penn Adams Co
8.	*Full Name of Father,*	Albert D. Gross
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Penn
	Name of Medical Attendant, or other person who makes this Return.	Dr. W. Chappell
	Address,	131 N. Gilmor
	Remarks,	

1892000357

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 17th
4. *Place of Birth, (Street and Number)*	1022 N Dallas st
5. *Full Name of Mother,*	Paulena Schlert
6. *Mother's Maiden Name,*	" Melda
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Phillip Schlert
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1940 N Bay st
Remarks,	

8920001358

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 17th 1892
4. Place of Birth, (Street and Number)	2013 Boker st
5. Full Name of Mother,	Mary Kennedy Crivly
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Kennedy
9. Father's Occupation,	Iron Moulder
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groone
Address,	940 N Gay st
Remarks,	8920001359

Health. This schedule shall contain a list of the births which have occurred in any family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3788.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1st.

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* Feb 17th 1892.
4. *Place of Birth,* (*Street and Number*) #216 Harford Ave.
5. *Full Name of Mother,* Kate Luttrell.
6. *Mother's Maiden Name,* Harris.
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* George Luttrell.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dora Hillegeist

Address, #1838 E Monument St

Remarks, 8 9 2 0 0 0 1 3 6 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

KODAK SAFETY FILM

RETURN OF A BIRTH. A 37864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	18th Feb
4. *Place of Birth, (Street and Number)*	1042 N Gay st
5. *Full Name of Mother,*	Margret Freyer
6. *Mother's Maiden Name,*	" Hehn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Freyer
9. *Father's Occupation,*	Cementer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	946 N Gay st
Remarks,	

8920001361

Health. This schedule shall contain a list of the births which have occurred [illegible] the city during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37865.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 19th 1892
4. *Place of Birth, (Street and Number)*	938 N Bond st
5. *Full Name of Mother,*	Elizebeth Waldman Young
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Waldman
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Bay st
Remarks,	8920001362

Births which have occurred since the last day of the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation, of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the room of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

37866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febry 19 1892
4. Place of Birth, (Street and Number) 226 N Shuter St
5. Full Name of Mother, Mary Matilda Ann Church
6. Mother's Maiden Name, Mary Matilda Ann Wyant
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, John Henry Church
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other person who makes this Return, Jno Connell MD

Address, 522 S. Shut-St

Remarks, 8920001363

Wm J C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner, to the office of the Commissioner of Health. In case the other person to third day of each and every month to the office of the Commissioner of Health. In case the other person to shall occur without the attendance of a physician or practitioner, or should no or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37867.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Birth

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) colored
3. *Date of Birth*, 25 of February 1892
4. *Place of Birth*, (*Street and Number*) 630 Biddle Street
5. *Full Name of Mother*, Georgia Johnson
6. *Mother's Maiden Name*, Pelee
7. *Mother's Birthplace*, Stafford County
8. *Full Name of Father*, Lilyman Johnson
9. *Father's Occupation*, Waterman
10. *Father's Birthplace*, Eastern Shore Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Torrence

Address, 139 Freeland Street

Remarks, 8920001364

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred since the ... day of ... last, and the name of each child (if any shall have been born dead, or shall die before the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before ... fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37868.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Feb 20. 1892
4. *Place of Birth*, (*Street and Number*) Carroll Batt
5. *Full Name of Mother*, Mary E Hicks
6. *Mother's Maiden Name*, Mary E Hicks
7. *Mother's Birthplace*, Carroll Batt
8. *Full Name of Father*, James G Blaine
9. *Father's Occupation*, Sailor
10. *Father's Birthplace*, Washington Dc

Name of Medical Attendant, or other person who makes this Return. Ina Belle Hicks

Address, Carroll Bath Lodg

Remarks,

8 9 2 0 0 0 1 3 6 5

WM. J. C DULANY & CO., CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred since the last preceding return, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name of each child (if any shall have been named), its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the name and residence of the practitioner in the form of a certificate between the first and last day of the month, and shall be delivered by the practitioner or midwife in attendance, or by the parent or parents of any child born without such attendance, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the form of certificate hereinbefore prescribed, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and third day of without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-21-56

RETURN OF A BIRTH. A 37869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John William Fink 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 Feb - 1892
4. Place of Birth, (Street and Number) 1615 E Monument st
5. Full Name of Mother, Katie Fink
6. Mother's Maiden Name, n. Wilhelm
7. Mother's Birthplace, Balto
8. Full Name of Father, John Fink
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N Bay st

Remarks, 8920001366

Health. This schedule shall contain a list of the births which have occurred in each family in each city and shall have month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first week of each month. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3780

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8920001367

Health. This schedule shall contain a list of the births which have occurred in each family, if any, and shall have been ascertained the preceding month, and shall set forth, as far as the same can be ascertained the full name of each child, if any, and the sex, color, the full name by the practitioner in the case, the date and place of birth, first and last names of its parents, the date and occupation of the father, and the place of birth of each parent. In case the birth of any child shall be delivered month to the Commissioner of Health, a certificate of such birth in the form of a physician or practitioner of midwifery, or shall no other person of such said schedule each and every attendance of a physician or practitioner of midwifery, or shall no other person or parents of such third day of without the attendance of a physician or practitioner of midwifery, or shall no other person or parents of such shall occur upon the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 23rd 1892
4. *Place of Birth, (Street and Number)* 1114 Rhoneen St.
5. *Full Name of Mother,* Selma Wenberg
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Jacob Wenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bernard Hilliard

Address, 1038 E. Monument St

Remarks, 8920001368

WM J C DULANY CO CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred [illegible] Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1/8/64

RETURN OF A BIRTH

A 37872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eleanore A. Penske

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	February 25th 92.
4. Place of Birth, (Street and Number)	1752 W. Gay str.
5. Full Name of Mother,	Francis Penske
6. Mother's Maiden Name,	Francis Philipp
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Stephan P. Penske
9. Father's Occupation,	Printer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Louis H. A. Meyer M. D.
Address,	1019 W. Caroline Str.
Remarks,	8920001369

Health. This schedule shall contain a list of the births of each child, if any shall have occurred, the full name of each child, if any shall have been named, and shall set forth as far as the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and the practitioner in the case, the certificate between the first and been confided shall be delivered month to the office or practitioner in the case the birth person be in said schedule shall be delivered at the office of the Commissioner of Health, or should no other parents of such third day of each and every month, or the person or parents of such child to report its birth to the Commissioner of Health, in the case of the person or required, and shall occur without the attendance of a physician or practitioner it shall be the duty of the period above required, and shall occur upon the mother, the Commissioner of Health, in the case of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 37873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* February 25: 1892
4. *Place of Birth, (Street and Number)* 538 Preston Street
5. *Full Name of Mother,* Martha Shirley
6. *Mother's Maiden Name,* — Berry
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* William Shirley
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Hooker Eskine

Address, 530 Preston Street

Remarks, 1 8 9 2 0 0 0 1 3 7 0

Health. This schedule shall contain a list of the births within each district, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the particulars, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25th Feb
4. *Place of Birth, (Street and Number)*	107 N Price Place
5. *Full Name of Mother,*	Jane Mc Ginn
6. *Mother's Maiden Name,*	" Hand
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Patrick Mc Ginn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Broome
Address,	940 N Gay st
Remarks,	8920001371

Registry of Births. This schedule shall contain a list of the births which have occurred in each family (if any shall have occurred) during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3787.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* February 26. 1892
4. *Place of Birth, (Street and Number)* 1424 Rutter Street
5. *Full Name of Mother,* Emma Posey
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Frank Posey
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other person who makes this Return. Hester Torance

Address, 209 Preston Street

Remarks, 8920001372

Health. This schedule shall contain a list of the births which ... name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the ... of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the ... Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

births which have occurred since the last month, shall contain a list of the births which have occurred since the last month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person required, and attendance upon the mother, immediately thereafter it shall be submitted to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

37876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 27th
4. Place of Birth, (Street and Number)	1817 E Madison st
5. Full Name of Mother,	Rosa Bayley
6. Mother's Maiden Name,	" Chesby
7. Mother's Birthplace,	Portsmouth Va
8. Full Name of Father,	Benjamine Bayley
9. Father's Occupation,	Printer
10. Father's Birthplace,	Granville co. Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	946 N Gay st
Remarks,	8920001373

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	W * F
3. *Date of Birth,*	105 North Ave
4. *Place of Birth, (Street and Number)*	Catherine Tully
5. *Full Name of Mother,*	" Rigney
6. *Mother's Maiden Name,*	Balto
7. *Mother's Birthplace,*	Henry Tully
8. *Full Name of Father,*	Tinker
9. *Father's Occupation,*	Balto
10. *Father's Birthplace,*	Mrs Julia Groome
Name of Medical Attendant, or other person who makes this Return.	940 N Gay st
Address,	
Remarks,	8920001374

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 27th
4. *Place of Birth, (Street and Number)*	107 North Ave
5. *Full Name of Mother,*	Nellie Dinnan
6. *Mother's Maiden Name,*	" Sherman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Sherman
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	946 W Gay st
Remarks,	8920001375

Every birth which shall occur within the limits of Baltimore City shall be reported to the Commissioner of Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Francis O'Toole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28th Feb 1892
4. *Place of Birth, (Street and Number)*	1403 N Lanvale st
5. *Full Name of Mother,*	Mary C Toole
6. *Mother's Maiden Name,*	D Hall
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Michael C Toole
9. *Father's Occupation,*	Bar tender
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Broome
Address,	940 N Bay st
Remarks,	GIVEN NAME ADDED. 12-8-52
	8920001376

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such ... Health. This schedule shall contain a list of the births which have occurred ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH.

A 37880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	29th Feb 1892
4. *Place of Birth, (Street and Number)*	911 N Broadway
5. *Full Name of Mother,*	Ida Cook
6. *Mother's Maiden Name,*	" Washburn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Cook
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	8920001377

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

registered. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the following month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 29th 1892
4. Place of Birth, (Street and Number) #811 Leighton St
5. Full Name of Mother, Catherine Ryan Slattery
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Cornelius Ryan
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Dennis Hillegan #1038 Monument St

Address,

Remarks, 8920001378

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 37882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 11 1892
4. *Place of Birth, (Street and Number)* Patterson Park ave 532
5. *Full Name of Mother,* Jeane Wagner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmen
8. *Full Name of Father,* Mr. Wagner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Garmen

Name of Medical Attendant, or other person who makes this Return, Mary L Keplers

Address, Washington st 105

Remarks, 8920001379

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 12 1892
4. Place of Birth, (Street and Number) Orleans st 2005
5. Full Name of Mother, Magie Munzert
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Munzert
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, Washington 605

Remarks,

1 8 9 2 0 0 0 1 3 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 13 1892
4. Place of Birth, (Street and Number) Dugdale st 520
5. Full Name of Mother, Jennie Fetwick
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Austria Hungary
8. Full Name of Father, John Fetwick
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Koplis

Address, 70 Washington ave

Remarks, 18920001381

Wm J C. Dulany Co., City Printers and Statloners.

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Commissioner of Health of Baltimore City to ascertain the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17 1892
4. Place of Birth, (Street and Number) Chapel St 12
5. Full Name of Mother, Mary Webb
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Webb
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Hoff

Address, Washington 205

Remarks, 1892 | 8920001382

Wm J C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17 1892.
4. Place of Birth, (Street and Number) Bruport at 130
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name,
7. Mother's Birthplace, Garrett
8. Full Name of Father, John Davis
9. Father's Occupation, Tailor
10. Father's Birthplace, Garrett

Name of Medical Attendant, or other person who makes this Return, Mary Kupfer

Address, Washington, Co.

Remarks, 1892000 1383

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 97
4. *Place of Birth, (Street and Number)* 1317 W. Franklin St
5. *Full Name of Mother,* May Wilkerman
6. *Mother's Maiden Name,* May Brown
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Frank Wilkerman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle, M.D.

Address, 1703 W Fayette St

Remarks, 1892000 1384

This schedule shall contain a list of the births which have occurred in each family, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have been conferred) and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

37888

Louise Elizabeth Kirschmann

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 7th 1892
4.	*Place of Birth, (Street and Number)*	# 214 E. Randall St.
5.	*Full Name of Mother,*	Matilda M. Kirschmann
6.	*Mother's Maiden Name,*	Brown
7.	*Mother's Birthplace,*	Richmond Va
8.	*Full Name of Father,*	Wm D. Kirschmann
9.	*Father's Occupation,*	Minister
10.	*Father's Birthplace,*	Ohio
	Name of Medical Attendant, or other person who makes this Return.	R. E. Lee
	Address,	Hanover St.
	Remarks,	GIVEN DATE ADDED 9-23-52

8920001385

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-27-60

RETURN OF A BIRTH. A 37889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Marie Wells

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14th 1892
4. Place of Birth, (Street and Number) 922 W. Lexington St.
5. Full Name of Mother, Elizabeth Wells
6. Mother's Maiden Name, " Heintzler
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John W. Wells
9. Father's Occupation, Engineer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

DATE OF FILING MAR 8 1922

0 8 0 2 0 1 3 8 6

SMN

register of such births, and shall certify the list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank form to be furnished by the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 child
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	18 Sept 1872
4.	*Place of Birth, (Street and Number)*	607 Myrtle ave
5.	*Full Name of Mother,*	Harriet Howard
6.	*Mother's Maiden Name,*	Green
7.	*Mother's Birthplace,*	Harford Co Md
8.	*Full Name of Father,*	Moses Howard
9.	*Father's Occupation,*	Hostler
10.	*Father's Birthplace,*	Howard Co Md
	Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
	Address,	1121 Eutaw St
	Remarks,	City
		8920001387

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and in case the same [illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	feb. 24. 1892
4.	*Place of Birth, (Street and Number)*	116 Carlton St
5.	*Full Name of Mother,*	Martha Hall
6.	*Mother's Maiden Name,*	Garrison
7.	*Mother's Birthplace,*	Kent Co Md
8.	*Full Name of Father,*	Joseph Hall
9.	*Father's Occupation,*	Porter
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
	Address,	1121 Saratoga St
	Remarks,	18920001388

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RETURN OF A BIRTH. A 37897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 26 of February
4. Place of Birth, (Street and Number) 219 Dolphin Street
5. Full Name of Mother, Ella Lewis
6. Mother's Maiden Name, [illegible] Thomas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Henry Lewis
9. Father's Occupation, Saloon keeper
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. Hector Tolanie

Address, 509 Preston Street

Remarks, 8920001389

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 26 of February
4. *Place of Birth, (Street and Number)* 154 Schuck Alley
5. *Full Name of Mother,* Hattie Burk
6. *Mother's Maiden Name,* Backus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Burk
9. *Father's Occupation,* Cane factory
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Eastman

Address, 539 Preston Street

Remarks, 8920001390

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such births. He shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the name and occupation of its parents, the date and place of their marriage, and the place of birth of the father and mother of each child. This schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child of its parents, the form of a certificate the birth of any child shall be delivered to the Commissioner of Health. In case no other person be in said schedule of each and every attendance of a physician or midwife, or should no other person be in third day of the month following the occurrence of such birth, it shall be the duty of the person above required, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same in a book to be kept for that purpose; which book shall be the register of such births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number conferred (if any) on each child. Such book shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health,

RETURN OF A BIRTH. A 37895.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Feb. 1892
4. Place of Birth, (Street and Number) 1244 Jackson St.
5. Full Name of Mother, Rachel Fleet
6. Mother's Maiden Name, Pluckman
7. Mother's Birthplace, Russia
8. Full Name of Father, Natsial Fleet
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schannan

Address, 42 Abernale St

Remarks, 1892000139 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...schedule, to be furnished by the Commissioner of ... on a blank schedule ... enter the same ... birth, and shall contain a list of the births which have occurred under his or her care during the ... register of such birth, and shall enter the same can be ascertained ... Health. This schedule shall contain the full name of each child, if any shall have ... month, and shall set forth as far as ... the full name and occupation of the first and ... been conferred) its sex, color, the ... delivered, duly signed by the ... office of the Commissioner of ... said schedule shall be delivered ... every month to the ... of a physician or ... third day of each and every ... the attendance ... thereafter ... the manner ... shall occur without the mother, immediately ... Health, in ... attendance upon the mother, ... to the Commissioner ... fail to comply with ... child to report its birth ... who shall hereafter ... any such person or persons ... to be recovered ... jected to the fine of ten (10) dollars for each offense, ... as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 37896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th Feb. 1892
4. *Place of Birth, (Street and Number)* 206 N. Exeter St.
5. *Full Name of Mother,* Libie Meyers
6. *Mother's Maiden Name,* Mildstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Meyer Meyers
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, C. Fehrmann

Address, 42 Albemarle St.

Remarks, 8920001393

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...blank schedule, to be furnished by the Commissioner of ... birth, and shall enter the same on a blank ... register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur upon the mother, immediately upon the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately upon the Commissioner of Health. In case the birth of any child to report its birth to the Commissioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female - Sarah Block
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	b. February 1892.
4. *Place of Birth, (Street and Number)*	727 S Charles st Balt.
5. *Full Name of Mother,*	Hana Block
6. *Mother's Maiden Name,*	Hana Miller
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Samuel Block
9. *Father's Occupation,*	Peddler
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Lima Barber
Address,	Gilfords alley # 5
Remarks,	8920001394

register of such births, and shall enter the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third day of each and every month to the office of the Commissioner of Health. In case the birth person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or practitioner become the duty of the person or parents of such attendance upon the mother immediately thereafter it, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 4. 1892
4. Place of Birth, (Street and Number) 726 E. Chester
5. Full Name of Mother, Edith Fleishman
6. Mother's Maiden Name, Morrush
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Fleishman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Lima Barber.

Address, Gilfords alley # 5.

Remarks, 8920001395

APR 7 1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 37899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 17, 1892
4. *Place of Birth, (Street and Number)*	306 Fillman
5. *Full Name of Mother,*	Jane Lawley
6. *Mother's Maiden Name,*	Ireland
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Lawley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Frank Couch M.D.
Address,	1 Eager St Balto
Remarks,	8920001396

...shall enter the same on a Daily Register, to be furnished by the ... of such birth, and shall enter the same on a Daily Register, to be furnished by the ... register of such birth, and shall contain a list of the births which have occurred ... been conferred) its sex, color, the full name of each child (if any shall have ... month, and shall set forth as far as the same can be ascertained the full name ... Health. This schedule shall also state, the date and place of birth; and the ... said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the person or parents of such ... shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 37900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21 '92
4. Place of Birth, (Street and Number) 311 S Monroe St
5. Full Name of Mother, Mrs Emma Mosher
6. Mother's Maiden Name, " Hadley
7. Mother's Birthplace, Tructon N J
8. Full Name of Father, Harvey Mosher
9. Father's Occupation, Stair Builder
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fayette St

Remarks, 8920001397

1892 APR 4 NO

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the Commissioner of Health to prepare the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in person or in writing, the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

37901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 4 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 2 0 0 0 1 3 9 8

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

...ness, to be furnished by the Commissioner of Health, to enter the same on a blank schedule, and shall enter the same on a blank schedule

RETURN OF A BIRTH. 3790r.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 27 1892.
4. Place of Birth, (Street and Number) 921 Cathedral St.
5. Full Name of Mother, Eva Murray.
6. Mother's Maiden Name, Eva " "
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Anthony S. Murray.
9. Father's Occupation, Gentleman
10. Father's Birthplace, Pittsburg

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly, M.D.

Address, 905 N. Charles St.

Remarks, 8920001399

Baltimore under whose care it shall be, to enter the same on a blank schedule, to be furnished by him, or her care during the register of such birth, and shall enter the births which have occurred under his or her care during the This schedule shall contain a list of the births which have occurred since the date and place of birth, and the Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the person in charge of such child certificate between the first and said schedule shall be delivered, duly signed by the practitioner in charge, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

37903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 29th 1872
4. *Place of Birth, (Street and Number)* Baltimore Castle H No 121
5. *Full Name of Mother,* Mrs Mary Hall
6. *Mother's Maiden Name,* Mrs Mary Hartman
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Mr Asbury Hall
9. *Father's Occupation,* Engineman
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Josaphine Krueger

Address, No 2026 E. Fayette St. Balt. Md.

Remarks, 1 8 9 2 0 0 0 1 4 0 0

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner required, and within the period above shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20th 1892

4. Place of Birth, (Street and Number) 17 E. 3rd St.

5. Full Name of Mother, Mary Emory

6. Mother's Maiden Name, – Don't Know

7. Mother's Birthplace, City

8. Full Name of Father, D. N. Emory

9. Father's Occupation, Lawyer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. D. A. Ashby

Address,

Remarks,

8920001401

APR 11 1892

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same and occupation of its parents, the date and place of the first and been conferred) its sex, color, the full name and the practitioner in the of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should no other person be in third day of each and every month to the office or practitioner of the duty of the person or parents of such shall occur without the attendance of a physician it shall become the within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and provisions of this section shall be child to report its birth to the who shall hereafter fail to comply with the other fines and forfeitures are recoverable. any such person or persons who shall offend, (and) recov- jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

DELAYED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. [redacted] 37974

E OF BIRTH:
imore City, Maryland
e of hospital or institution; if at home, give street number
214 E. 20th Street
her's stay before delivery:
tal or institution ... In this community
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 214 E. 20th Street (If rural give location)

ame of child GEORGE DUGDALE

4. Date of birth March 7, 1892 (Month) (Day) (Year)

6. Twin or triplet ... If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth 7:30 A. M.

FATHER OF CHILD

Name Horace Cleveland Dugdale

or race White 11. Age at time of this birth 31 yrs.

place Baltimore, Md. (City, town, or county) (State or foreign country)

l occupation Salesman

stry or business

MOTHER OF CHILD

15. Full Maiden Name Edith Mary Kirkus

16. Color or race White 17. Age at time of this birth 31 yrs.

18. Birthplace Hackney, London, England (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

r children born to mother (not including present child):

many other children of this mother are now living? 1

many other children were born alive but are now dead? 0

many children were born dead? 0

22. Mother's mailing address for registration notice:

eby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above

ished by See reverse side:- (Signed) ..... related to this child as .....

Physician (or midwife) who attended this birth M. D. (Midwife)

roc'd by local registrar May 24 1892

d ..... Registrar

or acting Commissioner of Health and Registrar

Address ..... July 14, 1944 Date

n name added ..... by Registrar per .....

Vol: 12
Folio: 82

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-38248

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 625 N. Eden St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore ..... (Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Md. (b) County ..... (c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 625 N. Eden Street (If rural give location)

3. Full name of child Reba Lipnick

4. Date of birth March 7 1892 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Robert Lipnick
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Europe (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Mary
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Europe (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar March 31 1892

25. Signed Dr. James F. McShane Registrar

26. Given name added 11/6/74 by Registrar per SMN

(Signed) Mrs. C. Bernstein (Physician (or midwife) who attended this birth) (Midwife)
or Sidney M. Norton State Commissioner of Health and Registrar
Address ..... Date 11/6/74

VS 100

No information appears on the original filing for information not appearing on this certificate.

RETURN OF A BIRTH. 38666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 2 1892
4. *Place of Birth, (Street and Number)* 1025 Bolton
5. *Full Name of Mother,* Henrietta Simmons
6. *Mother's Maiden Name,* Henrietta Lacy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Lacy
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Fredericksburg Md

Name of Medical Attendant, or other person who makes this Return. Ann Simmons

Address, 1871 Boyd Street

Remarks, 1 8 9 2 0 0 0 1 4 0 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) Light Brown

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1121 N Dallas St

4. Place of Birth, (Street and Number) March 14th 1892

5. Full Name of Mother, Carrie L Wilson

6. Mother's Maiden Name, Carrie L Stanley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert L Wilson

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Annie Tarrant

Address, No 116 N Dunbar St

Remarks, She is and excellent Midwife Respectively

1 8 9 2 0 0 0 1 4 0 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 31676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 1/92
4. Place of Birth, (Street and Number)	1022 Saratoga
5. Full Name of Mother,	Mary Gable
6. Mother's Maiden Name,	" Zawroski
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Gable
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo W Morris M D
Address,	1201 Pentman
Remarks,	

18920001406

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child - HILDA KATZ

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 1 — 92
4. Place of Birth, (Street and Number)	1226 Druid Hill Ave
5. Full Name of Mother,	Sophie Katz
6. Mother's Maiden Name,	Sophie Van Leer
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Meier Katz
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Joseph Blum M.D.
Address,	64 Columbia Ave
Remarks,	8920001407

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. ... and Stationers.

RETURN OF A BIRTH. A. 38678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 1st
4. *Place of Birth, (Street and Number)* Market place
5. *Full Name of Mother,* Chaye ~~Rivitz~~ Fox
6. *Mother's Maiden Name,* Chaye Rivitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jezil Fox
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dana Swartzman

Address, E Pratt st cor Allecmanee

Remarks, 8920001408

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38679.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th -

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st -
4. *Place of Birth (Street and Number)* 20004 East Eager St -
5. *Full Name of Mother* Emma Eprime
6. *Mother's Maiden Name* Bryzen
7. *Mother's Birthplace* [redacted] Co Md
8. *Full Name of Father* Henry Eprime
9. *Father's Occupation* Letter Carier
10. *Father's Birthplace* Prince Geo Co Md

Name of Medical Attendant, or other Person who makes this Return. Leatitia Sloane -

Address 1703 East Eager St

Remarks Baby being very weak very shortly after Birth

1892000140 9

RETURN OF A BIRTH.

A 38680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 1st of April.
4. Place of Birth, (Street and Number) 5 Guilford ave. Balto.
5. Full Name of Mother, Hester Finklestein.
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia.
8. Full Name of Father, Sol Finklestein.
9. Father's Occupation, Presser by a taylor.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. Gena Barbor

Address, 5 Guilford Ave.

Remarks, 8920001410

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the officer, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the officer, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 607 W. Montgomery St. Balto. 1st. April 1892
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Annie Cohen.
6. Mother's Maiden Name, —
7. Mother's Birthplace, Germany.
8. Full Name of Father, Abraham Cohen.
9. Father's Occupation, Taylor, and Dying.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Gena Parbos.

Address, 5 Guilford Ave.

Remarks, 1892000141 1

been conferred, its sex, color, the full name and occupation of each parent, if any, shall have
said schedule shall be delivered, duly signed by the physician or midwife in attendance, or by the parent of its parents, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwife, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 38877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2—
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April – 1 – 1892
4. *Place of Birth, (Street and Number)*	940 N. Chester
5. *Full Name of Mother,*	Kate Butterhoff
6. *Mother's Maiden Name,*	Kate Berg
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Inv. Fred. Butterhoff
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	P. G. Dauschka
Address,	1729 E. Balto. St.
Remarks,	18920001412

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3883.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 1 - 1892
4. *Place of Birth, (Street and Number)*	1109 Argyle Ave
5. *Full Name of Mother.*	Marie Murray Wilson
6. *Mother's Maiden Name,*	Marie Murray.
7. *Mother's Birthplace.*	
8. *Full Name of Father.*	Willard Wilson.
9. *Father's Occupation,*	Clerk,
10. *Father's Birthplace.*	Brooklyn N. Y.
Name of Medical Attendant, or other Person who makes this Return	Cora B. Brewster M. D.
Address,	1027 Madison ave
Remarks,	

1892000413

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38684.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colort
3. Date of Birth, 2d
4. Place of Birth, (Street and Number) 668 Chestnut alley
5. Full Name of Mother, Willie Green
6. Mother's Maiden Name, Willie Porter
7. Mother's Birthplace, Scotland Co Va
8. Full Name of Father, John Francis Green
9. Father's Occupation, Furniture business
10. Father's Birthplace, Anarundel Co Md.

Name of Medical Attendant, or other person who makes this Return, Chester Cook

Address, 10[illegible] Shelbo alley

Remarks, 1892 0001414

been conferred) its sex, color, the full name and occupation of its parents, the and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED

3680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~State whether male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, April 2nd. 1892
4. Place of Birth, (Street and Number) 1018 N. Carrollton Ave
5. Full Name of Mother, Ida Mitchell Yost
6. Mother's Maiden Name, Ida Mitchell
7. Mother's Birthplace, Caroline Co. Md.
8. Full Name of Father, John Yost.
9. Father's Occupation, Car driver.
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. Williams Lord

Address, 825 N. Arlington Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the full name, sex, color, and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

18920001415

RETURN OF A BIRTH. 38680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th,
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	2nd. April
4. *Place of Birth, (Street and Number)*	1223. Williams St.
5. *Full Name of Mother,*	Louise Brown.
6. *Mother's Maiden Name,*	Louise Tiler.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Jno. Adam Brown.
9. *Father's Occupation,*	Saloon Keeper.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	E. A. Tully.
Address,	1828 Leigh St.
Remarks,	1 8 9 2 0 0 0 1 4 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38687.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2d, 1892
4. Place of Birth, (Street and Number) Nr. 1824 Aliceanna Street
5. Full Name of Mother, Mrs. Anna M. E. Ash
6. Mother's Maiden Name, Miss Anna M E. Herold
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Walter Henry Ash
9. Father's Occupation, Potter
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 201 N. Broadway

Remarks, 1892 18920001417

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 31688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Childer
1. *Sex, (state whether male or female)*	Knabe
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	den 2 April 1891
4. *Place of Birth, (Street and Number)*	Washington Str No 1010
5. *Full Name of Mother,*	Aedi Freida Edgert
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	August Freier
8. *Full Name of Father,*	Gülder
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Maria Anna Meijer Bildle Hebamme 1933
Address,	
Remarks,	8920001418

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 38689

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) _____

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 3rd
4. *Place of Birth, (Street and Number)* 1535 Lemmon St.
5. *Full Name of Mother* Hannah Tolliver
6. *Mother's Maiden Name* M. Tang
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Christian C. Tolliver
9. *Father's Occupation* Pharmacist
10. *Father's Birthplace* Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return. J. K. McKeen

Address 1401 Lanvale

Remarks _____

8920001419

CITY OF BALTIMORE APR 9 1892

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and name of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White race
3.	*Date of Birth,*	2 nd April 1892
4.	*Place of Birth, (Street and Number)*	# 229 N. Poppleton st
5.	*Full Name of Mother,*	Jannie C. Rochner
6.	*Mother's Maiden Name,*	Jannie C. Tedden
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Charles H. Rochner
9.	*Father's Occupation,*	Blacksmith
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hunter
	Address,	23 N Poppleton St
	Remarks,	1892000001420

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

3869

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 2nd 1892
4. Place of Birth (Street and Number),	1735 Little Williams St
5. Full Name of Mother,	Emma L. Spitto
6. Mother's Maiden Name,	Emma L. Hatfield
7. Mother's Birthplace,	Carroll Co Md.
8. Full Name of Father,	Andrew A. Smith
9. Father's Occupation,	Brakeman
10. Father's Birthplace,	Frederick Co Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. E. Donaldson
Address,	1832 Byrd St
Remarks,	doing well up to present time

8 2 0 0 0 1 4 2 1

Baltimore Publishing Co. City Printers and Stationers.

...ons shall be full name of each child, (if any shall have been con-... as far as the same can be ascertained,) the date and place of birth; and the said schedule ... parents, the full name and occupation of its parents, the date and place of birth; and the said schedule ... certificate, to be given by the practitioner in the form of a certificate between the first and third day of ... Health. In case the birth of any child shall occur without ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without ... the attendance of a physician or practitioner of midwifery, or should the parents of such child fail to report its birth to ... mother, immediately thereafter it shall become the duty of the person in attendance upon the ... the Commissioner of Health, in the manner and within the period above required, and any such person or persons ... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars ... for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex, (~~state whether male or~~ female)
2. Race or ~~Color, (if not of the~~ white race)
3. Date of Birth, April 2nd 1892
4. Place of Birth, (Street and Number) 1528 N. Carey St. Baltimore
5. Full Name of Mother, Mary R. Fring
6. Mother's Maiden Name, Reynolds
7. Mother's Birthplace, Ellicott City Baltimore County Md.
8. Full Name of Father, William J. Fring
9. Father's Occupation, Delivery Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo. W. Wagner

Address, 1631 N. Lafayette St.

Remarks, 8920001422

APR 6 1892

WM. J.C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the number and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 38693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 246 Eastern Ave 2nd April 1892
4. Place of Birth, (Street and Number) 246 Eastern Ave Baltimore
5. Full Name of Mother, Annie Steinmetz
6. Mother's Maiden Name, Annie Seibel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Steinmetz
9. Father's Occupation, Police Ranger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Sommer

Address, 109 Dunn Street

Remarks,

1 8 9 2 0 0 0 1 4 2 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, April 2
4. Place of Birth, (Street and Number) 400 Barnes Ct.
5. Full Name of Mother, Fannie Webb
6. Mother's Maiden Name, Fannie Baddie
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Wm. Webb
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Haughton Bayley M.D.

Address, Guilford Av. & 21st St

Remarks, Irregular Case

8 9 2 0 0 0 1 4 2 4

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this Ordinance, the Commissioner of Health shall ascertain the full name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given

GIVEN NAME ADDED 7-27-54

RETURN OF A BIRTH A 38695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Reuben Theodore Hetrick 5th "
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 2nd 1892
4. *Place of Birth, (Street and Number)*	46 Stone Hill (Hampden)
5. *Full Name of Mother,*	Mary Patrick
6. *Mother's Maiden Name,*	Mary Arlloff
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Leo Hetrick
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm H. Fe Dennis
Address,	14 Chestnut Ave
Remarks,	8920001425

Apr 5

1893

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the person entitled to receive the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, &c. Penalties and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 3896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	2nd of April 1892
4. Place of Birth, (Street and Number)	1612 Mccallery st.
5. Full Name of Mother,	Lielie Jay
6. Mother's Maiden Name,	Lielie Frantzwin
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H. Jay
9. Father's Occupation,	Sigar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Cusointia Kunkel
Address,	213 North Chapel st. for Justina Kunkel
Remarks,	Healthy

B 9 2 0 0 0 1 4 2 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every person in charge of any case of birth shall ascertain the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, or by the person in charge of the premises, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and in the manner and within the period above required, to report its birth to the Commissioner of Health, as herein provided. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 38697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 2nd 1892
4. Place of Birth, (Street and Number) No. 24 N. Ethel St.
5. Full Name of Mother, Ella L. Neudecker
6. Mother's Maiden Name, " " Mead
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John H. Neudecker
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Wm. E. Russell

Address, 500 N Broadway

Remarks,

1 8 9 2 0 0 0 1 4 2 7

month, and shall set forth as far as the same may be as ... required the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practi... in the form of a certificate between the first and third day of each and every month to the office of the C... sioner of Health. In case the birth of any child shall occur without the attendance of a physician or pra...tioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 38698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 April
4. Place of Birth, (Street and Number) 1450 Hull st.
5. Full Name of Mother, Leonora Holthaus
6. Mother's Maiden Name, " Tyrell.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Holthaus
9. Father's Occupation, Shoe Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Watson

Address, Beason st. 1421 Lows Point.

Remarks, 6920001428

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 38699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 3rd

4. Place of Birth, (Street and Number) 65½ Georges St Balto.

5. Full Name of Mother, Amelia Heall.

6. Mother's Maiden Name, " Merritt

7. Mother's Birthplace, Rochester Co. Va.

8. Full Name of Father, Leonard Heall.

9. Father's Occupation, Stevedoar

10. Father's Birthplace, Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return, Celestia Cook.

Address, 1008 Stricker Al.

Remarks, 1892 0001429

said schedule shall be delivered, duly signed by the practitioner in the form [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 38 1900.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, locality, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Fe
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* April 3. 92.
4. *Place of Birth, (Street and Number)* 522 Warren St
5. *Full Name of Mother,* Maggie Eagle
6. *Mother's Maiden Name,* Clayton
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Lewis Eagle
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return A. S. Harris

Address, 913 Dol. Road

Remarks,

1 8 9 2 0 0 0 1 4 3 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3rd 1892
4. *Place of Birth, (Street and Number)*	312 S. Poppleton st. Balto City
5. *Full Name of Mother,*	Annie A. Getz
6. *Mother's Maiden Name,*	Annie A. Shea
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George J. Getz.
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poppleton St
Remarks,	+ 8 9 2 0 0 0 1 4 3 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 38702.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, April 3rd 1:50 P.M. 1892
4. Place of Birth (Street and Number), 259 S. Penn St
5. Full Name of Mother, Emma Tipple
6. Mother's Maiden Name, Emma Smallwood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fred. Otto Tipple
9. Father's Occupation, Mercian
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E. Donnelly M.D

Address, 1701 Baltimore St East

Remarks,

1892000432

Baltimore Publishing Co., City Printers and Stationers

the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 38703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd, 1892
4. Place of Birth, (Street and Number) 225 E Eager St Baltimore
5. Full Name of Mother, Mattie E Rammel
6. Mother's Maiden Name, Ball
7. Mother's Birthplace, Dayton
8. Full Name of Father, Daniel B
9. Father's Occupation, Bargeman
10. Father's Birthplace, Dayton

Name of Medical Attendant, or other person who makes this Return. Dr Davenport

Address, 225 E Eager St

Remarks, Dain 2 Dayton 9 2 0 0 1 4 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	April 8rd
4. *Place of Birth, (Street and Number)*	541 Conway st.
5. *Full Name of Mother.*	Amelia Mehrich
6. *Mother's Maiden Name.*	" Mühlhoff
7. *Mother's Birthplace.*	Balto.
8. *Full Name of Father.*	George Mühlhoff
9. *Father's Occupation.*	Glass-blower
10. *Father's Birthplace.*	Balto.
Name of Medical Attendant, or other Person who makes this Return	C. L. Bruddenbohn
Address.	414 S. Paca st.
Remarks.	

1892000 1434

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 3 / 1892
4.	*Place of Birth, (Street and Number)*	1431 - Canton Avenue
5.	*Full Name of Mother,*	Emma V. Mauler
6.	*Mother's Maiden Name,*	Emma V. Spence
7.	*Mother's Birthplace,*	Balto. md
8.	*Full Name of Father,*	Conrad Mauler Jr.
9.	*Father's Occupation,*	Drummer
10.	*Father's Birthplace,*	Balto. md.
	Name of Medical Attendant, or other person who makes this Return,	L. Darnell, Jr. M.D
	Address,	1700 S. Broadway
	Remarks,	8 April 1892 6.30 P.M.

1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 38706.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3rd 1892
4. Place of Birth (Street and Number)	15 Sulgrave st
5. Full Name of Mother	Ella Clark
6. Mother's Maiden Name	Ella Scott
7. Mother's Birthplace	Elliot City
8. Full Name of Father	John B. Clark
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	C. A. Atkinson M.D.
Address	616 W. Fayette st.
Remarks	

1892000143 6

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

APR 7 1892

RETURN OF A BIRTH. A 38707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday April 4th 1892 6:30 P.M.

4. Place of Birth, (Street and Number) 727 N. Central Ave

5. Full Name of Mother, Laura V. Hauer

6. Mother's Maiden Name, Laura V. Mariner

7. Mother's Birthplace, Dorchester County Md

8. Full Name of Father, D. Joseph Hauer

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. A. Welch MD

Address, 116 W. Mulberry St City

Remarks, 1892000 1437

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 April
4. *Place of Birth, (Street and Number)* 1418 E. Lexington st
5. *Full Name of Mother,* Anna Smith Chew
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* George Smith
9. *Father's Occupation,* Boatsman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Rose Ulbrig

Address, 1302 E. Lexington st

Remarks, 1892000 1438

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the parent of such child, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the latter case the report shall be made and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 38709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 4th 1892.
4. Place of Birth (Street and Number),	1629 Hanover st
5. Full Name of Mother,	Sarah Barton
6. Mother's Maiden Name,	Sarah Whittington
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William Barton
9. Father's Occupation,	Harness Maker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	M. L. Hoopes M.D
Address,	1327 Hanover st
Remarks,	

1892000 1439

Baltimore Publishing Co., City Printers and Stationers.

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house in which such child was delivered, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 38710.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th 1892

4. Place of Birth, (Street and Number) 550 Mc Elderry st

5. Full Name of Mother, Mary Helfersieg

6. Mother's Maiden Name, Mary Reardon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Helfersieg

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Ira Ingersoll

Address, 543 Mc Elderry st

Remarks, 18920001440

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 April
4. *Place of Birth, (Street and Number)* No 2329 Mulberry St
5. *Full Name of Mother,* Annie Leonard
6. *Mother's Maiden Name,* Vogel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Leonard
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas L Ennis

Address, No 1907 E Monument St

Remarks, 8920001441

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3871 17

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, April 9/92.
4. Place of Birth, (Street and Number) 29 Light St.
5. Full Name of Mother, Annie Zinn
6. Mother's Maiden Name, Annie Johnny Jones
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Zinn.
9. Father's Occupation, Engineer
10. Father's Birthplace, Pittsburg.

Name of Medical Attendant, or other person who makes this Return, Annie Jones.

Address, No 1603 S. Charles St.

Remarks, 1892 Yoo 1442 Postal Telly

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

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RETURN OF A BIRTH.

3857 13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4
4. Place of Birth, (Street and Number) 2129 Keyser Str.
5. Full Name of Mother, Elisabeth Spiegel
6. Mother's Maiden Name, Yunger
7. Mother's Birthplace, Baltimore. Garrison-Lane.
8. Full Name of Father, Louis August Spiegel
9. Father's Occupation, ~~Baker~~ Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Martha A Foster

Address, 1106 Lanvale St.

Remarks,

8920001443

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

38744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1892
4. Place of Birth, (Street and Number) Baltimore No 930 N Lombard st
5. Full Name of Mother, Jennie Walsh
6. Mother's Maiden Name, Harrington
7. Mother's Birthplace, Parkton Balto. Co - M. D
8. Full Name of Father, William J Walsh
9. Father's Occupation, Police officer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N Poppleton St

Remarks, 1892 0 0 0 1 4 4 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of this section to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to com-

RETURN OF A BIRTH

A 38377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 5th 1892
4. Place of Birth, (Street and Number) 522 Brune St
5. Full Name of Mother, Caroline Kohman
6. Mother's Maiden Name, Caroline Joest
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Jacob Kohman
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor Norris, M.D.

Address, 871 Harlem Ave

Remarks,

8920001445

J. G. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) ~~White~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 April

4. Place of Birth, (Street and Number) 214 Harrison st

5. Full Name of Mother, Rachel Schenberg

6. Mother's Maiden Name, " Aymberg

7. Mother's Birthplace, Poland

8. Full Name of Father, Simon Schenberg

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Rose Albig

Address, 1302 E Lexington st

Remarks, 18920001446

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...name and occupation of the physician or midwife, if any, in attendance upon the mother, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

38787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Tuesday 5th. April 8th 87
4. *Place of Birth, (Street and Number)*	530. Lambeth. st.
5. *Full Name of Mother,*	Margret Berry
6. *Mother's Maiden Name,*	Margret J Hall
7. *Mother's Birthplace,*	Howard County Md
8. *Full Name of Father,*	Henry Berry
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Harford County Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	Mary Ann Mason 1089 Low Water alley

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 38918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th 1892
4. Place of Birth, (Street and Number) 10-12 Barclay street
5. Full Name of Mother, Vada A VanBibber
6. Mother's Maiden Name, Vada A Janney
7. Mother's Birthplace, Cecil County Maryland
8. Full Name of Father, William H VanBibber
9. Father's Occupation, Conductor R.R. now in Champagne Ill
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, James Whitefield M.D.

Address, 519 Virginia Street

Remarks, 1892000144 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 1892 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 —
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 5 — 1892
4. *Place of Birth, (Street and Number)*	N. W. Cor Fairmount Av. & Chester st.
5. *Full Name of Mother,*	Augusta Smith
6. *Mother's Maiden Name,*	" Stoll
7. *Mother's Birthplace,*	Brooklyn Anne arundel co. md.
8. *Full Name of Father,*	Henry Smith
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Balto. md
Name of Medical Attendant, or other person who makes this Return,	P. G. Dausch
Address,	1729 E. Balto. st.
Remarks,	8920001449

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 38370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th 1892
4. *Place of Birth, (Street and Number)*	831 N Gilmor St.
5. *Full Name of Mother,*	Nellie M Daiger
6. *Mother's Maiden Name,*	" " Bragonier
7. *Mother's Birthplace,*	Frederick Co, Md
8. *Full Name of Father,*	Francis A Daiger
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	W M C Barnett M.D.
Address,	901 N Stricker
Remarks,	1892000 1450

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	6 April 1892
4.	*Place of Birth, (Street and Number)*	554 Union St.
5.	*Full Name of Mother,*	Mary B. Hannan
6.	*Mother's Maiden Name,*	Mary B. Bahning
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Mr Harry Jr Hannan
9.	*Father's Occupation,*	Printer
10.	*Father's Birthplace,*	Baltimore city
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 St Paul St
	Remarks,	8920001451

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 38322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	1st
1.	*Sex, (~~state whether male or~~ female)*	
2.	*Race or Color, (~~if not of the~~ white race)*	
3.	*Date of Birth,*	April 5th 92.
4.	*Place of Birth, (Street and Number)*	516 N. Fremont St.
5.	*Full Name of Mother,*	Laura E. Wilson.
6.	*Mother's Maiden Name,*	Laura E. Coffin
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Alexander L. Wilson.
9.	*Father's Occupation,*	Department Manager
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	John J. Brozek M.D.
	Address,	662 West Lexington St.
	Remarks,	GIVEN NAME ADDED 13 Jan 93

1892 CITY REGISTRAR

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WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 1892
4. *Place of Birth, (Street and Number)* 1130 Hanover St
5. *Full Name of Mother,* Annie Lauterbach
6. *Mother's Maiden Name,* " Hagan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Lauterbach
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret A Gilbertson

Address, 14 N Green St

Remarks, 8920001453

said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the Comm... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in th... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be rec...

practitioner in the fo... of a certificate between the first and ... Commissioner of H... day, or should no other person be in ... practitioner of m... day of the person or parents of such ... or it shall become th... th, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

3837 24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6th 1892

4. Place of Birth, (Street and Number) N. W. Cor. Pratt and Stockton Sts.

5. Full Name of Mother, Ernestina Werner

6. Mother's Maiden Name, "

7. Mother's Birthplace, Sagan Germany

8. Full Name of Father, Richard Thiel

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Joseph O. Saunders

Address, 1303 Hollins St.

Remarks, L. O. L. 69200014 54 There was a Premature Marriage

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ANY SHALL HAVE BEEN CONFERRED) ITS SEX, COLOR, THE FULL NAME AND OCCUPATION OF ITS PARENTS, THE DATE AND PLACE OF BIRTH; AND THE SAID SCHEDULE SHALL BE DELIVERED, DULY SIGNED BY THE PRACTITIONER IN THE FORM OF A CERTIFICATE BETWEEN THE FIRST AND THIRD DAY OF EACH AND EVERY MONTH TO THE OFFICE OF THE COMMISSIONER OF HEALTH. IN CASE THE BIRTH OF ANY CHILD SHALL OCCUR WITHOUT THE ATTENDANCE OF A PHYSICIAN OR PRACTITIONER IN MIDWIFERY, OR SHOULD NO OTHER PERSON BE IN ATTENDANCE UPON THE MOTHER, IMMEDIATELY THEREAFTER IT SHALL BE THE DUTY OF THE PERSON ABOVE REQUIRED, AND CHILD TO REPORT ITS BIRTH TO THE COMMISSIONER OF HEALTH, IN THE MANNER AND WITHIN THE PERIOD ABOVE REQUIRED, AND ANY SUCH PERSON OR PERSONS WHO SHALL HEREAFTER FAIL TO COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL BE SUBJECTED TO THE FINE OF TEN (10) DOLLARS FOR EACH OFFENSE, TO BE RECOVERED AS OTHER FINES AND FORFEITURES ARE RECOVERABLE.

RETURN OF A BIRTH. A 38735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CITY OF BALTIMORE 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 6 April
4. Place of Birth, (Street and Number) 1625 Orleans st
5. Full Name of Mother, Becke Wilson
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Africa
8. Full Name of Father, Samuel Wilson
9. Father's Occupation, Hospital steward
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rose Ulbrig

Address, 1303 E. Lexington st

Remarks,

1892000 1455

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 38776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th (Twins)
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 6th 1892
4. Place of Birth, (Street and Number)	821 N Mount St
5. Full Name of Mother,	Jennie E Lucker
6. Mother's Maiden Name,	" McClennan
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Jno Lucker
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	M K Warner M.D. Jos N Strider
Address,	
Remarks,	8920001456

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

38727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 92
4. Place of Birth, (Street and Number) 1038 N. Mount st.
5. Full Name of Mother, Lucy Taylor
6. Mother's Maiden Name, J Brown
7. Mother's Birthplace, Missouri
8. Full Name of Father, Chas Taylor
9. Father's Occupation, Minister
10. Father's Birthplace, Wisconsin

Name of Medical Attendant, or other person who makes this Return. M H Carter

Address, 1820 W Baltimore st

Remarks, M. H. CARTER, M. D.

1892000 1457

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 38728.

GIVEN NAME ADDED. 2-8-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rebecca Waters White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 7 1892
4. Place of Birth, (Street and Number) Eutaw Place
5. Full Name of Mother, Mary Carter White
6. Mother's Maiden Name, Mary Ridgely Carter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alex Robinson White
9. Father's Occupation, Lawyer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. C B Gamble M D

Address, 92 E Cath

Remarks,

1 8 9 2 0 0 0 1 4 5 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Upon the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 -

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* April 7 " 92
4. *Place of Birth, (Street and Number)* S W. Hanover ave & Carter Lane
5. *Full Name of Mother,* Mary A Foote
6. *Mother's Maiden Name,* Fay
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Foote
9. *Father's Occupation,* Sewing Machines
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. A. G. Heron

Address, 710 Fort Ave

Remarks,

1892 C.

1892 0001459

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 38730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 7th - 1892.
4. Place of Birth, (Street and Number) 1316 W. mosher st.
5. Full Name of Mother, Ella F. Forrester -
6. Mother's Maiden Name, Patrick -
7. Mother's Birthplace, Balto. City - md
8. Full Name of Father, Wm H. Forrester -
9. Father's Occupation, Collector -
10. Father's Birthplace, Balto. City - md

Name of Medical Attendant, or other person who makes this Return. R. Ho. Goldsmith 1316 W. Mosher st.

Address, Hardenway & Eutaw

Remarks,

1892 0001460

J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the Commissioner should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 38731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1892
4. Place of Birth, (Street and Number) 1936 Eastern
5. Full Name of Mother, Ettie Cannon
6. Mother's Maiden Name, Stevens
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm. H. Cannon
9. Father's Occupation, Painter
10. Father's Birthplace, East City

Name of Medical Attendant, or other person who makes this Return, Laura E. Firth

Address, 1009 Light St

Remarks,

8920001461

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892 APR

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38/37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born April 7th 1892
4.	*Place of Birth, (Street and Number)*	# 304 Forest St
5.	*Full Name of Mother,*	Mrs Mary Nissell
6.	*Mother's Maiden Name,*	Miss " Schmidt
7.	*Mother's Birthplace,*	Bayern Germany
8.	*Full Name of Father,*	Konrad Nissell
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Bayern Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Heiller
	Address,	2127 W. Pratt St
	Remarks,	1892U001462

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th april 1892
4. *Place of Birth, (Street and Number)* 926 East madison St
5. *Full Name of Mother,* Mary A Alessi
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* John V Alessi
8. *Full Name of Father,* Clerk
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Jane West 804 Stirling St

Remarks, 8920001463

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...titioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practice of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall ... shall neglect the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense. To be recovered ... as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 38734

To the Office of Registrar of Vital Statistics, Board of ~~Health~~, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W.
3.	*Date of Birth,*	April 7th. 1892
4.	*Place of Birth, (Street and Number)*	1724 Pierson
5.	*Full Name of Mother,*	Minnie D. Duckerman Makashe
6.	*Mother's Maiden Name,*	"
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Wm. A. Duckerman
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Gr. L. Wiltens
	Address,	226 S. Broadway.
	Remarks,	8920001464

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Name of child, the date and place of birth; and the
occupation of its parents, the date and place of birth; and the
name and occupation of the practitioner in the form of a certificate, if any, between the first and
said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case of the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

38731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* 1 April 1892

4. *Place of Birth, (Street and Number)* 326 Forest Park.

5. *Full Name of Mother,* Nancy Phillips

6. *Mother's Maiden Name,* Perking

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Joseph Phillips

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address, [illegible] Park Ave

Remarks,

8920001465

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

38/36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, April 8. 92
4. Place of Birth, (Street and Number) 2213 Orleans St.
5. Full Name of Mother Mrs. Mary Taylor Timmo Hankins (Caud
6. Mother's Maiden Name, Wife " " Timmo
7. Mother's Birthplace, Glasgow, Scotland
8. Full Name of Father, Archibald Hankins Caud
9. Father's Occupation, Ship-Builder
10. Father's Birthplace, Ayrshire, Scotland

Name of Medical Attendant, or other Person who makes this Return G. G. Lynch M. D.

Address. 1000 S. Bond St.

Remarks. Home Delivery

8920001466

Place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 38737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of April
4. *Place of Birth, (Street and Number)* 21. Patterson Park Ave
5. *Full Name of Mother,* Katharina Murdock
6. *Mother's Maiden Name,* Katharina Flynn
7. *Mother's Birthplace,* Baltimore Md.
8. *Fult Name of Father,* John Murdock
9. *Fother's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille M.D.

Address, 207 N. Castle Str. Baltimore

Remarks,

8920001467

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1907

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 6L 38738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th
4. Place of Birth, (Street and Number) 311 S Washington St
5. Full Name of Mother, Lizzie Keenan
6. Mother's Maiden Name, Priestly
7. Mother's Birthplace, Wilmington Del
8. Full Name of Father, Jeremiah Keenan
9. Father's Occupation, Engineer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return, M A Donovan

Address, 225 S Ann St

Remarks, 1892 0001468

practitioner in the form of a certificate between the first and
[illegible] shall direct by the practi
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re
third day of each and every month to the office of the
shall occur without the attendance of a physician or
er it shall become the duty of the person or parents of such
ith, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.
1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

38739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 10 1897

4. Place of Birth, (Street and Number) 171½ W Pressman St

5. Full Name of Mother, Alice V Aylesworth

6. Mother's Maiden Name, Decker

7. Mother's Birthplace, York Pa

8. Full Name of Father, Jno B Aylesworth

9. Father's Occupation, Stair Builder

10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return, Jno L Fetterhoff M.D.

Address, 202 N Calhoun St

Remarks, 1892000146 9

RETURN OF A BIRTH, A 38740.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	wht.
3. *Date of Birth*	April 10 '92
4. *Place of Birth, (Street and Number)*	419 N. Eutaw St
5. *Full Name of Mother*	Julia Dwyer
6. *Mother's Maiden Name*	Sealy Manly
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Chas Dwyer
9. *Father's Occupation*	Asst. Warden Md Pen
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno A Fehlig
Address	Ps Pen
Remarks	

1892 0001470

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. A 3874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	N.
3.	*Date of Birth,*	April 10 1902
4.	*Place of Birth, (Street and Number)*	319 So. Dond
5.	*Full Name of Mother,*	Annie de Bayer
6.	*Mother's Maiden Name,*	" Ros cuff
7.	*Mother's Birthplace,*	Bavaria
8.	*Full Name of Father,*	Kenrian de Bayer
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Holland
	Name of Medical Attendant, or other person who makes this Return,	Geo L. Wilkins
	Address,	2126 E. Broadway
	Remarks,	8920001471

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

38947

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female White
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th 1892
4. *Place of Birth, (Street and Number)* 1443 Patapsco . St
5. *Full Name of Mother,* Florence Virgina Gossman
6. *Mother's Maiden Name,* Florence Virgina Johson
7. *Mother's Birthplace,* Baltimore . md
8. *Full Name of Father,* Edward Gossman
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Cumberland . md

Name of Medical Attendant, or other person who makes this Return, Ellenora . A . anderson

Address, 1434 Patapsco . St

Remarks,

8920001472

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

38743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether male or~~ female)*
2. *Race or color, (~~if not~~ of the white race)*
3. *Date of Birth,* 4.10.92
4. *Place of Birth, (Street and Number)* N. E. Cor. Park & Pacca sts
5. *Full Name of Mother,* Margaret Zelchinsche, Craven
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Anton Zelchinsche
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. W. Eastman, M.D.

Address, 722 N. Lexington st

Remarks, Natural labor.

8920001473

APR 11 1892

the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
child, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,

DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 38746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 c
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 5th 1892
4.	*Place of Birth, (Street and Number)*	913 Lemon St
5.	*Full Name of Mother,*	Lizzie Huckman
6.	*Mother's Maiden Name,*	Lizzie H. Sterhouse
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Huckman
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	B. O'Hayer
	Address,	931 Boyd St
	Remarks,	1892000147 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 5th 1892
4. *Place of Birth, (Street and Number)* No 4 Garrison Lane
5. *Full Name of Mother,* Margaret J Anderson
6. *Mother's Maiden Name,* Margaret J Parr
7. *Mother's Birthplace,* Jersey City N J,
8. *Full Name of Father,* John E Anderson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Kent Co: Md;

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1892000 1475

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E. 3858.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Sr

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Light Brown stain
3. Date of Birth, April 6. 1892
4. Place of Birth, (Street and Number) At 508 Biddle St
5. Full Name of Mother, Mary Anderson
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Eastern Shore Md
8. Full Name of Father, William Anderson
9. Father's Occupation, Waiter
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 642 Druid Hill Ave

Remarks, [illegible]

1 8 9 2 0 0 0 1 4 7 6

said schedule shall be delivered, duly signed by the practitioner in charge, or the nurse in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38/46.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6. 1892
4. Place of Birth, (Street and Number) 2008 Madrian Avenue
5. Full Name of Mother, Mary Emma ~~Hom~~ Pangborn
6. Mother's Maiden Name, " Kruse
7. Mother's Birthplace, Ohio
8. Full Name of Father, J. G. Pangborn
9. Father's Occupation, Genuine Insurance
10. Father's Birthplace, New York

Name of Medical Attendent, or other person who makes this Return. Mabury Brewer M.D

Address, 1106 McCulloh Street

Remarks, 1892000147 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 13 1892

3874

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 7th 1892
4. *Place of Birth, (Street and Number)*	504 South Chapel st
5. *Full Name of Mother*	Elizabeth McGinn
6. *Mother's Maiden Name*	Elizabeth Paul
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Henry McGinn
9. *Father's Occupation*	Cannmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	416 South Ann st
Remarks	

8920001478

RETURN OF A BIRTH. A 38748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7, 92

4. Place of Birth, (Street and Number) 1707 Crystal ave.

5. Full Name of Mother, Annie D. Stephenie Biddorf

6. Mother's Maiden Name, " " Keis

7. Mother's Birthplace, Germany

8. Full Name of Father, Casper Biddorf

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno. A. Pickell M. D.

Address, 1312 Ashland ave

Remarks, Premature Birth 8 mos. Gestation 8 mos.

1892

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

£ 38149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 7 1882
4. *Place of Birth, (Street and Number)*	313 King Street
5. *Full Name of Mother,*	Martha L Scott
6. *Mother's Maiden Name,*	Martha L. Kilandrea
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo L. Scott
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary J Kilandrea
Address,	313 King Street.
Remarks,	18920001480

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 38750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the ... of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th 1892
4. *Place of Birth, (Street and Number)*	#11 D. Debrodes
5. *Full Name of Mother,*	Mrs. Debina Loftus
6. *Mother's Maiden Name,*	Miss Debina Durkan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Mr. Martin Loftus
9. *Father's Occupation,*	Day Labor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Basil J. Shook M. D. 9 D. Fullerton Ave
Address,	
Remarks,	8920001481

888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

38737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 7, 1892
4. *Place of Birth (Street and Number),* 626. Fulton St
5. *Full Name of Mother,* Annie S. Armacost
6. *Mother's Maiden Name,* Annie S. Newman
7. *Mother's Birthplace,* Talbot County Md
8. *Full Name of Father,* Ellwood Armacost
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hummer

Address, 212 W. Franklin St

Remarks, 1 8 9 2 0 0 0 1 4 8 2

...the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altim... Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

35752.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 8 1892

4. *Place of Birth, (Street and Number)* 727 Hoen Street

5. *Full Name of Mother,* Louisa Stanton

6. *Mother's Maiden Name,* Louisa Jones

7. *Mother's Birthplace,* Calvert County

8. *Full Name of Father,* Henry E. Stanton

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Easton Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Kilander

Address, 315 King Street

Remarks,

1892000 1483

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are now recoverable.

APR 18 1892

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 38/93.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 92
4. Place of Birth, (Street and Number) 913 Grove St
5. Full Name of Mother, Milie Griffin
6. Mother's Maiden Name, Milie Roberson
7. Mother's Birthplace, Richmon Va
8. Full Name of Father, John Griffin
9. Father's Occupation, hod Carrier
10. Father's Birthplace, Lowenan Co

Name of Medical Attendant, or other person who makes this Return. Elizebeth Dayle

Address, 218 W Lafayett St

Remarks,

1 8 9 2 0 0 0 1 4 8 4

Any person who shall neglect to enter the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Commissioner of Health. In case the birth of any child

RETURN OF A BIRTH.

8737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 April
4. *Place of Birth, (Street and Number)*	421 S Chester St
5. *Full Name of Mother,*	Lizzie Engerheart
6. *Mother's Maiden Name,*	Schneider
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Engerheart
9. *Father's Occupation,*	Undertaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Gaske
Address,	114 South B... St
Remarks,	1892000 1485

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

38753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Negro
3. *Date of Birth*, 9th April 1892
4. *Place of Birth*, (*Street and Number*) 542 Lombard Str
5. *Full Name of Mother*, Annie Hamilton
6. *Mother's Maiden Name*, Annie Lovett
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Edward Hamilton
9. *Father's Occupation*, Porter
10. *Father's Birthplace*, Eastern Shore Maryland

Name of Medical Attendant, or other person who makes this Return. Emma Lewis

Address, 642 Eastern Ave City

Remarks,

8 9 2 0 0 0 1 4 8 6

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...ct its parents, the date and place of birth; and the ...ner in ... of a certificate between the first and ... Health. In case the birth of any child ...missioner of ... midwifery, or should no other person be in ...tioner of ... duty of the person or parents of such ...ll become ... within the period above required, and ...ply with the provisions of this section shall be sub- ...e name ... child to report its birth to the Commissioner after fail to comply with ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 38756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d~~, ~~3d~~, &c.) .....

1. *Sex*, (*state whether* ~~male~~ *or female*) .....
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, April 9th
4. *Place of Birth*, (*Street and Number*) #1314 Argyle Ave
5. *Full Name of Mother*, Mary Hughes (Castle
6. *Mother's Maiden Name*, Mary Hughes
7. *Mother's Birthplace*, Elliot City
8. *Full Name of Father*, William (Castle
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Frederick, Md.

Name of Medical Attendant, or other person who makes this Return. John G. Huck

Address, #647 Lafayette Ave (West)

Remarks, 8 9 2 0 0 0 1 4 8 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRT

To the Office of Registrar of Vital Statistics, Board o

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth -
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9. 1892 -
4. Place of Birth (Street and Number)	1411 Lafayette av
5. Full Name of Mother	Alice Shipley
6. Mother's Maiden Name	" Elder
7. Mother's Birthplace	Govanstown, Md -
8. Full Name of Father	William Shipley
9. Father's Occupation	Moulder -
10. Father's Birthplace	Baltimore Co. Md -
Name of Medical Attendant, or other Person who makes this Return.	E. A. Holbrook, M.D.
Address	714 N. Carey st.
Remarks	

8920001488

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED 3-25-66

RETURN OF A BIRTH

38738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Camilla Hamilton Luciar 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) W.
3. Date of Birth, 10 Apl. 1892.
4. Place of Birth, (Street and Number) 1367 W. Gilmor st,
5. Full Name of Mother, Samuel N. Luciar,
6. Mother's Maiden Name, Powell,
7. Mother's Birthplace, Balto City,
8. Full Name of Father, Allan D. Luciar,
9. Father's Occupation, Writer,
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. L. Engler M. D.

Address, 1007 Fawn ale

Remarks,

8920001489

said schedule shall be delivered, duly signed by the practitioner, or form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3859.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Light brown stain

3. Date of Birth, April 12th 1892

4. Place of Birth, (Street and Number) #702 E. Mt. Vernon Pl.

5. Full Name of Mother, Elizabeth West

6. Mother's Maiden Name, Robinson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry Johnson

9. Father's Occupation, Waiter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Emma Jane Lee

Address, 1 Eutaw Pl.

Remarks, City

1 8 9 2 0 0 0 1 4 9 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner, to the [illegible] certificate of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 38760.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 11th 1892
4. *Place of Birth, (Street and Number)*	510. South Wolf st.
5. *Full Name of Mother*	Katherine Neubeck
6. *Mother's Maiden Name*	Katarine Herrman
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John A. Neubeck
9. *Father's Occupation*	Miller
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhard
Address	415 South Ann st
Remarks	

18920001491

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

April 13 1892.

RETURN OF A BIRTH. A 387 01.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 -

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* April 11-92 -
4. *Place of Birth, (Street and Number)* 123 Branch Ave
5. *Full Name of Mother,* Dalcen Burnett
6. *Mother's Maiden Name,* a McDonnell
7. *Mother's Birthplace,* New Orleans, La.
8. *Full Name of Father,* James H Burnett
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. A. E. Hayes

Address, 713 Park Road

Remarks,

1892000 1492

And scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in ... form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, ... midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) Colored Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 12
4. Place of Birth, (Street and Number) No 1337 Ward St
5. Full Name of Mother, Mary frances Briewes
6. Mother's Maiden Name, Mary frances Riley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Briewes
9. Father's Occupation, Sailor
10. Father's Birthplace, Northumberland County Va

Name of Medical Attendant, or other person who makes this Return, Lavina Mills

Address, 1443 Ward St

Remarks, She is a Negro & 9 3 ll

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

38763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 12 - 92

4. *Place of Birth, (Street and Number)* 436 N. Fremont Ave.

5. *Full Name of Mother,* Virginia Lauren Miller

6. *Mother's Maiden Name,* Virginia Lauren

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Joseph Timothy Miller

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Dr. Geo. Leonard Scott

Address, 1600 Eutaw Place

Remarks,

8 9 2 0 0 0 1 4 9 4

CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-17-57

RETURN OF A BIRTH.

38764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harold Raffle ~~Wallace~~ Wallace

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Creole Mulatto
3. Date of Birth, April 6
4. Place of Birth, (Street and Number) No 2 10 Mason L
5. Full Name of Mother, Mrs Emma Wallace
6. Mother's Maiden Name, Miss Emma Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph A Wallace
9. Father's Occupation, Barber
10. Father's Birthplace, New Orleans La

Name of Medical Attendant, or other person who makes this Return. Mrs Taylor

Address, 41 Gilford Ave

Remarks, 1892000 1495

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. 1892.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	~~White~~ female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th
4. *Place of Birth, (Street and Number)*	York Street 36
5. *Full Name of Mother,*	Mrs Maige Ampora
6. *Mother's Maiden Name,*	Miss M Foy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jerry Ampora
9. *Father's Occupation,*	~~Baltimore~~ foreman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Taylor
Address,	11 Gilford Alley
Remarks,	1 Month

1892000149 6

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1
4. Place of Birth, (Street and Number) High Street. 122.
5. Full Name of Mother, Mrs Maire May
6. Mother's Maiden Name, Miss Maire o day
7. Mother's Birthplace, Irland
8. Full Name of Father, William May
9. Father's Occupation, Copper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Taylor

Address, 41 Gilford Alley

Remarks,

8920001497

said schedule shall be delivered, duly signed by the practitioner in charge, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7th 1892
4. Place of Birth, (Street and Number) Baltimore No 1030 E Eutaw St
5. Full Name of Mother, Bessie Young
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Zachiria Young
9. Father's Occupation, Lumber man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, 407 W. Hamburg St.

Remarks,

1892000 1498

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8
4. Place of Birth, (Street and Number) York Street 34
5. Full Name of Mother, Mrs Alan
6. Mother's Maiden Name, Miss Jane July
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Alan
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Taylor

Address, 41 Gilford Alley

Remarks, 1 8 9 2 0 0 0 1 4 9 9

said schedule shall be delivered, duly signed by the practitioner or the form of a certificate between the first and ... of Health. In case the birth of any child ... Health, should no other person be in ... midwifery, or should no parents of such ... the person or required, and ... duty of the period above ... within the of this section shall be sub- ... provisions of forfeitures are recoverable. ... other fines and

shall occur without the attendance of a physician after it shall have been ... third day of each and every month to the office or practitioner ... the mother, immediately thereafter, in the ... with the ... shall occur upon the mother, immediately thereafter fail to comply ... attendance upon its birth to the Commissioner of Health, to be subject ... child to report ... who shall ... for each offense, to be recovered as other fines and ... any such person or persons ... dollars ... jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

38769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 9th 1892
4. *Place of Birth (Street and Number),* 330 Winder St
5. *Full Name of Mother,* Jane H. Lehn
6. *Mother's Maiden Name,* Jane H. Bunde
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Lehn
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Donaldson

Address, 1532 Byrd St. Phila Pa

Remarks, Mother & child doing well

8 9 2 0 0 0 1 5 0 0

shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no physician or practitioner be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in attendance, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	April 10th 1892
4.	*Place of Birth, (Street and Number)*	No 9 Heath
5.	*Full Name of Mother,*	Rose Brooks
6.	*Mother's Maiden Name,*	Rose West
7.	*Mother's Birthplace,*	Accomac Co Va
8.	*Full Name of Father,*	Wm Brooks
9.	*Father's Occupation,*	Labourer
10.	*Father's Birthplace,*	Accomac Co Va
	Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hinton
	Address,	No 1422 Hanover Street
	Remarks,	1892000150 1

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	[redacted] Color
3.	*Date of Birth,*	11th of April 1892
4.	*Place of Birth, (Street and Number)*	#1304 Mulliken Street
5.	*Full Name of Mother,*	Harriett A. Gilmore
6.	*Mother's Maiden Name,*	Harriett A. Jones
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	John H. Gilmore
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Mrs Reester
	Address,	801 Sterling St
	Remarks,	

1892 APR 14

1 8 9 2 0 0 0 1 5 0 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 13. 92
4. Place of Birth, (Street and Number)	S. E. cor Forest and Hillen St
5. Full Name of Mother,	Emma Mannie Lautenschlager
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John Mannie
9. Father's Occupation,	Produce Dealer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Jno. A. Ackert M. D.
Address,	1312 Eastland Ave
Remarks,	1892000 1503

Wm J C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH A 38773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 13th 1892.
4. *Place of Birth, (Street and Number)*	118 Biddle St.
5. *Full Name of Mother,*	Margaret Parrott.
6. *Mother's Maiden Name,*	Margt. Fitzgibbons.
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	George W. Parrott
9. *Father's Occupation,*	Not actively engaged in Business
10. *Father's Birthplace,*	Philada Pa.
Name of Medical Attendant, or other person who makes this Return.	Jno F. Powell M.D.
Address,	2324 St Paul St.
Remarks, Child - Agnes	

B 9 2 0 0 0 1 5 0 4

Full name of child - Ruth Agnes Parrott

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

38774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2 th 1892
4. Place of Birth, (Street and Number) 215 N Duncan Alley
5. Full Name of Mother, Anna Bell
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frantisek Smeterna
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koplits

Address, 203 N Washington St.

Remarks,

1892 APR 15 CITY

1892000 1505

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 38776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 92
4. *Place of Birth, (Street and Number)*	114 Bethel st
5. *Full Name of Mother,*	Mary ~~Hughes~~ King
6. *Mother's Maiden Name,*	Mary Hughes.
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Henry Steward King
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Agnes Eble
Address,	311 Rogers Ave
Remarks,	

8920001506

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 38776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3.
4. *Place of Birth, (Street and Number)*	546 N Gay. st
5. *Full Name of Mother,*	Hattie Rau
6. *Mother's Maiden Name,*	Hattie Schwellmeyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Rau
9. *Father's Occupation,*	Jeweler
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Agnes Eble
Address,	311 Rogers Ave.
Remarks,	

8920001507

said schedule shall he delivered, duly signed by the practitioner in the form [illegible] and the place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS

SAFETY FILM

RETURN OF A BIRTH. 38777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) ~~X~~

2. Race or Color, (if not of the white race)

3. Date of Birth, April 3 1892

4. Place of Birth, (Street and Number) 808 Sterling St

5. Full Name of Mother, Matilda Lewis

6. Mother's Maiden Name, Matilda Fields

7. Mother's Birthplace, Maryland

8. Full Name of Father, Floyd Lewis

9. Father's Occupation. Groom

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo F Taylor M D

Address, 1254 N. Broadway

Remarks, 1 8 9 2 0 0 0 1 5 0 8

In the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the sioner of Health. In case the birth of any child er of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner it shall become t attendance upon the mother, immediately thereafter it shall become the duty of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-16-55

38178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 April 1892
4. Place of Birth, (Street and Number) 129 Albemarle St
5. Full Name of Mother, Rachel Cohen
6. Mother's Maiden Name, Winecranitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Cohen
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Peterman

Address, 42 Albemarle St

Remarks, 1892000509

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 April 1832
4. Place of Birth, (Street and Number) Granby St 832
5. Full Name of Mother, Rosa Eisenberg
6. Mother's Maiden Name, Leader
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Eisenberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Sherman

Address, 142 Albemarle St

Remarks, 1892000151 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

APR 16 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 5 1891
4. *Place of Birth, (Street and Number)* No 12 Collington avenue
5. *Full Name of Mother,* Emma Kist
6. *Mother's Maiden Name,* Emma Cotton
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Jr. Co. Kist
9. *Father's Occupation,* Mechanist
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. J. Pattison M.D.

Address, 501 St Paul St Balt

Remarks, 1 8 9 2 0 0 0 1 5 1 1

...e practitioner in attendance shall be delivered, duly signed by the practitioner in attendance, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1892
4. *Place of Birth, (Street and Number)*	234 Shirley St
5. *Full Name of Mother,*	Mary F. Lax
6. *Mother's Maiden Name,*	Bessie Some
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Morris F. Lax
9. *Father's Occupation,*	Peddler
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	L. Brzyzwatch
Address,	1415 East Pratt St
Remarks,	Baltimore Md

1 8 9 2 0 6 0 1 5 1 2

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the absence of the father and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 38782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1892
4. *Place of Birth, (Street and Number)*	263 S. Bond St
5. *Full Name of Mother,*	Mary Blumberg.
6. *Mother's Maiden Name,*	Minny Shrayner
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Hyman Blumberg
9. *Father's Occupation,*	Peddler
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	L. Szyszwatch
Address,	1411 East Pratt St
Remarks,	8 9 2 0 Baltimore Md

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1892
4. Place of Birth, (Street and Number) No 28 N. Carline St
5. Full Name of Mother, Jannie Trowman
6. Mother's Maiden Name, Jannie Derovskoy
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Trowman
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Grzymatch

Address, No 1413 East Pratt St Balto Md

Remarks, 8 9 2 0 0 0 1 5 1 4

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

38784

CITY CLERK'S COPY 6-21-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

Name: John Mead ~~Silkman~~ Silkman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, April 7th 1892
4. Place of Birth, (Street and Number) 2001 N Calvert St
5. Full Name of Mother, Mary E Silkman
6. Mother's Maiden Name, French
7. Mother's Birthplace, Carthage Ohio
8. Full Name of Father, Edward Jenning Silkman
9. Father's Occupation, Attorney at Law & Stenographer By Obtaining
10. Father's Birthplace, Scranton Pa

Name of Medical Attendant, or other person who makes this Return. Elias C. Price M.D.

Address, 963 Madison Ave

Remarks,

B920001515

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate above given, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Carl J. Dolle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) April 7 1892
3. Date of Birth, 1032 Light st
4. Place of Birth, (Street and Number) Emma Dolle
5. Full Name of Mother, Weibit
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Frank Dolle
8. Full Name of Father, Shoemaker
9. Father's Occupation, Germany
10. Father's Birthplace, J. Lahrwasser Midwife

Name of Medical Attendant, or other person who makes this Return, 1032 Lancaster st

Address,

Remarks, 8920001516

said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 3878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 April 1892
4. *Place of Birth, (Street and Number)* 430 Bond St
5. *Full Name of Mother,* Tzelia Fookman Ecker
6. *Mother's Maiden Name,* Russici
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Fookman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, C. L. Sherman

Address, 42 Albemarle St

Remarks, 8920001517

said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS

said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 38787.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 8. 1892.
4.	*Place of Birth, (Street and Number)*	Hull St 1431 Hull
5.	*Full Name of Mother,*	Bridget Fraser
6.	*Mother's Maiden Name,*	Bridget Curran
7.	*Mother's Birthplace,*	Bath
8.	*Full Name of Father,*	Archibald Fraser
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Canada
	Name of Medical Attendant, or other person who makes this Return,	Mrs E Hall
	Address,	164 Cuba St
	Remarks,	1892000151 8

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 38788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White
Date of Birth,	8th April.
Place of Birth, (Street and Number)	Aughland St # 35
Full Name of Mother,	Ann Carey
Mother's Maiden Name,	Ann Carty
Mother's Birthplace,	Cork Ireland
Full Name of Father,	James Carney
Father's Occupation,	Clerk
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs E. L. White
Address,	#140 Central Ave
Remarks,	8920001519

...LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 38789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th '92
4. *Place of Birth, (Street and Number)*	428 E. First St
5. *Full Name of Mother,*	Maud J. Hind
6. *Mother's Maiden Name,*	Ziegler
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John H. Hind
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	J. B. Schwatka M. D.
Address,	1003 N. Linwood
Remarks,	1892000 1520

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		2 Child.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 9 1892.
4.	*Place of Birth, (Street and Number)*	909 Leadenhall st.
5.	*Full Name of Mother,*	Lizzie Zeller.
6.	*Mother's Maiden Name,*	Keil.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	Henry Zeller.
9.	*Father's Occupation,*	Tinner
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return.	J. Lehmaier Midwife
	Address,	1032 Hanover st.
	Remarks,	

1892

1892 0001521

RETURN OF A BIRTH. 3879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 92
4. *Place of Birth, (Street and Number)* 530 W. Franklin St.
5. *Full Name of Mother,* Maggie Cole
6. *Mother's Maiden Name,* " Marriam
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* William Cole
9. *Father's Occupation.* Painter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks, 1892000522

Said schedule shall be delivered, duly signed by the practitioner, midwife or person in attendance, to the person required to make the return of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth as aforesaid, it shall become the duty of the person or parents of such child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1 ~~26~~ 1892.
4. Place of Birth, (Street and Number) Loudon St 1405
5. Full Name of Mother, Henry Ebaling
6. Mother's Maiden Name, Mary Gilbert
7. Mother's Birthplace, Germany
8. Full Name of Father, George Ebaling
9. Father's Occupation, Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, 1611 Eutaw St

Remarks, 1892000523

Any midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 7-16-51

38793.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George I. Peters

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1892
4. Place of Birth, (Street and Number) Wolf st No 216
5. Full Name of Mother, Annie ~~Gizzle~~ ~~Peters~~ Elisabeth Peters Rice
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~Thomas Peters~~ Thomas C. Peters
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kostis

Address, 205 No Washington st

Remarks, 1892000524

Wm J C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or ... into other person be in ... shall occur without the attendance of a physician or practitioner it shall become the duty of the ... person or parents of such ... attendance upon the mother, immediately thereafter it shall be required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April 10th 92
4. *Place of Birth,* (*Street and Number*) 408 N. Greene St.
5. *Full Name of Mother,* Sarah Anderson Stewart
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Warfield Anderson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* A. A. Co. Md.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner.

Address, 424 N. Greene St.

Remarks, 8920001525

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1892
4. Place of Birth, (Street and Number) Lancaster st No 1520
5. Full Name of Mother, Anna Kouzlesky
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, Andrew Kouzlesky
8. Full Name of Father, Carpenter
9. Father's Occupation, Bohemian
10. Father's Birthplace, Henry Koptas

Name of Medical Attendant, or other person who makes this Return, 205 No Washington ave

Address,

Remarks, 18920001526

APR 16 1892

Wm J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38795½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1892
4. Place of Birth, (Street and Number) Chapel st No 328
5. Full Name of Mother, Sabara Hata
6. Mother's Maiden Name, Bohejman
7. Mother's Birthplace, Jisa Hata
8. Full Name of Father, Tayloza
9. Father's Occupation, Bohemian
10. Father's Birthplace, Mary Koptis

Name of Medical Attendant, or other person who makes this Return, 205 N. Washington St.

Address,

Remarks, 8920001527

Wm J C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child ... midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner ... shall be the duty of the person or parents of such child ... attendance upon the mother, immediately thereafter ... and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner ... to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 10.th 1892
4. Place of Birth, (Street and Number) N. 727 Sterling Street.
5. Full Name of Mother, Eliza Groomes
6. Mother's Maiden Name, Eliza Stennard.
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, John. Groomes
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Susan. Hooper.

Address, 123. N. Durham. St.

Remarks, 8920001528

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six 6

1. Sex, (state whether male or female) A female

2. Race or Color, (if not of the white race) of the colard race

3. Date of Birth, Sunday 10-1892 April

4. Place of Birth, (Street and Number) little Sharpe St near Barnut

5. Full Name of Mother, Susan Thomas

6. Mother's Maiden Name, Queen

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Thomas

9. Father's Occupation, Labar

10. Father's Birthplace, Saint mary County

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie E Myers

Address, Mrs 223 Clay Street Balt

Remarks, 8920001529

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

38798.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th 1892
4. *Place of Birth, (Street and Number)* No 111 Chapel st
5. *Full Name of Mother,* Annie Kapittan
6. *Mother's Maiden Name,* Boheiman
7. *Mother's Birthplace,* Geaage Weminan
8. *Full Name of Father,* Taylor
9. *Father's Occupation,* Boheiman
10. *Father's Birthplace,* Mary Baptis

Name of Medical Attendant, or other person who makes this Return,

Address, 206 No Washington st

Remarks, 18920001530

Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Colured
3. Date of Birth, April 11
4. Place of Birth, (Street and Number) 570 Hillin st
5. Full Name of Mother, Laura Mason
6. Mother's Maiden Name, Laura Banks
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, Alford Mason
9. Father's Occupation, Cook at resterrants
10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Mrs Jamie Mayers

Address, 223 clay st

Remarks, 8920001531

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the absence of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1.	Sex, (state whether male or female)	Boy
2.	Race or Color, (if not of the white race)	White Race
3.	Date of Birth,	Born April 11th 1892
4.	Place of Birth, (Street and Number)	# 2219 Lexington Str
5.	Full Name of Mother,	Mrs Pauline Lutz
		Wife " König
6.	Mother's Maiden Name,	Winterberg Germany
7.	Mother's Birthplace,	Fred. Lutz
8.	Full Name of Father,	Labor
9.	Father's Occupation,	Winterberg Germany
10.	Father's Birthplace,	Mrs Hilker
	Name of Medical Attendant, or other person who makes this Return,	2121 W Pratt Str
	Address,	
	Remarks,	1892 0001532

APR 15 1892

CITY REGISTRAR

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 12 1892
4. *Place of Birth, (Street and Number)*	1016 Leadenhall st
5. *Full Name of Mother,*	Lizzie Ziegler
6. *Mother's Maiden Name,*	Schramm
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Ziegler
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

8920001533

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1892

RETURN OF A BIRTH. 38802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 13 th 1892

4. Place of Birth, (Street and Number) 1421 Hall St

5. Full Name of Mother, Mary Clarke

6. Mother's Maiden Name, Mary McNulty

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Clarke

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ethel

Address, 1619 Cuba St

Remarks, 1892000 1534

APR 16 1892

the form of a certificate between the first and
by the practitioner in the
the Commissioner of He
of midwifery, of the person or parents of such
ne the date of the period above required, and
ner and within the time of this section shall be sub-
with the provisions of this section shall be sub-
d as other fines. And forfeitures are recoverable

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines. And forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 16 '92

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born April 13th 1892
4.	*Place of Birth, (Street and Number)*	# 2118 Frederick Ave
5.	*Full Name of Mother,*	Mrs Maria Schleich
6.	*Mother's Maiden Name,*	Mary " Reichert
7.	*Mother's Birthplace,*	Würtenberg Germany
8.	*Full Name of Father,*	Henry Schleich
9.	*Father's Occupation,*	Schoemaker
10.	*Father's Birthplace,*	Würtenberg Germany
	Name of Medical Attendant, or other person who makes this Return,	Max Hiller S
	Address,	2127 W Pratt St
	Remarks,	

1892000535

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...by the practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ...sician or practitioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...ter fail to comply with the provisions of this section shall be sub- ...ense, to be recovered as other fines and forfeitures are recoverable ...shall be delivered, duly signed by the practitioner, ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offense, to

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 1892.
4. Place of Birth, (Street and Number) 1413 Charles St.
5. Full Name of Mother, Christine Roeth
6. Mother's Maiden Name, Reinlander
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Roeth
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Lahrasser Midwife

Address, 1032 Hanover st.

Remarks, 8920001536

said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

3805.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (~~State whether male or female~~)*
2. *Race or color, (~~if not~~ of the white race)*
3. *Date of Birth,* April 13th 1892
4. *Place of Birth, (Street and Number)* 508 S Paca St
5. *Full Name of Mother,* Mary Louisa Warfield
6. *Mother's Maiden Name,* Leinthicum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Hinam Warfield
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C. Price M.D.

Address, 953 Madison Ave

Remarks, 18920001537

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate (given the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 18

A. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 38806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13 1892
4. Place of Birth, (Street and Number) 1016 E. Fayette St
5. Full Name of Mother, Elizabeth Brown
6. Mother's Maiden Name, Bothman
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. A. Brown
9. Father's Occupation, Dawmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M.D.

Address, 1003 N. Broadway

Remarks, 1892001538

Wm. J. C. Dulany & Co., City Printers and Stationers

...term of a certificate between the first and ... of Health. In case the birth of any child ...midwifery, or should no other person be in ... the duty of the person or parents of such ... and within the period above required, and ... with the provisions of this section shall be sub- ... other fines and forfeitures are recoverable. ... dollars for each offense, to be recovered as

RETURN OF A BIRTH. 38807.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April 14th 1892.
4. *Place of Birth, (Street and Number)* 219 N. Durham st.
5. *Full Name of Mother,* Francis Annie Elizabeth Brown.
6. *Mother's Maiden Name,* Baltimore County
7. *Mother's Birthplace,* James B. Green.
8. *Full Name of Father,* Laborer.
9. *Father's Occupation,* Eastern Shore Md.
10. *Father's Birthplace,* Susan Hooper.

Name of Medical Attendant, or other person who makes this Return,

Address, 123 N. Durham st.

Remarks, Eight 8 9 2 to 0 child 5 3 9

1892 Oct 16

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, or other person not being a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 16 1892

1.	*Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6. Child Girl
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born April 14 to 1892
4.	*Place of Birth, (Street and Number)*	# 306 Forrest St
5.	*Full Name of Mother,*	Mrs Maggie Langenfeld
6.	*Mother's Maiden Name,*	Graf
7.	*Mother's Birthplace,*	Bayern Germany
8.	*Full Name of Father,*	Henry Langenfeld
9.	*Father's Occupation,*	Laber
10.	*Father's Birthplace,*	Bayern Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
	Address,	2127 W Pratt St
	Remarks,	8920001540

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

*...of its parents, the date and place of birth, and the ...sex, color, the full name and occupation of its parents, the date and place of birth, and the ...ner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of ...third day of each and every month to the physician or practitioner of midwifery, or should no other person or parents of such ...shall become the mother, immediately upon the occurrence of the birth of any child to be in attendance upon the mother, immediately upon the occurrence of the birth of any child to be in attendance upon the mother, immediately upon the occurrence of the birth of any child to be in attendance upon

RETURN OF A BIRTH A 3809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 4.15.92.
4. Place of Birth, (Street and Number) 812 Jacksons Ct.
5. Full Name of Mother, Margaret Ekl
6. Mother's Maiden Name, Artl
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm George Ekl
9. Father's Occupation, laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Louis M Eastman

Address, 772 W. Lexington

Remarks, Forceps

8 9 2 0 0 0 1 5 4 1

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered and other fines and forfeitures are recoverable.

APR 16 1892

J. MURPHY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 38810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th 1892
4. *Place of Birth, (Street and Number)*	1636 N Caroline st
5. *Full Name of Mother,*	Sallie Brown
6. *Mother's Maiden Name,*	" Florence
7. *Mother's Birthplace,*	York Co. Virginia
8. *Full Name of Father,*	William A Brown
9. *Father's Occupation,*	Feed Store
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D W Cathell M D
Address,	1306 N Charles st
Remarks,	8920001542

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2
4. *Place of Birth, (Street and Number)* 312 N. Eden st
5. *Full Name of Mother,* Mary Hudson
6. *Mother's Maiden Name,* " Horst
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Hudson
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. M. Gross

Address, 1435 Orleans st

Remarks, 8920001543

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male Herman Berger.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6.
4. Place of Birth, (Street and Number) S. Canal Street
5. Full Name of Mother, Jaube Berger
6. Mother's Maiden Name. Russia
7. Mother's Birthplace. Leon Berger
8. Full Name of Father, Tailor
9. Father's Occupation. Russia
10. Father's Birthplace, Lima Barber.

Name of Medical Attendant, or other person who makes this Return, # 6 Gilfords alley

Address,

Remarks, 8920001544

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 1892
4. *Place of Birth, (Street and Number)* 1703 W Lanvale
5. *Full Name of Mother,* Hilda C Johannes
6. *Mother's Maiden Name,* " " Harland
7. *Mother's Birthplace,* Sweden
8. *Full Name of Father,* Henry A Johannes
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, M K Evans M.D

Address,

Remarks,

1892000 1545

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH.

E 3881 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Estelle ~~Young~~ Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11-1892
4. Place of Birth, (Street and Number) 916 Bunny st
5. Full Name of Mother, Margaret Young
6. Mother's Maiden Name, Hyson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thorpe Young
9. Father's Occupation, Foreman
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Sarah F. Harrington

Address, 916 Bunny st

Remarks,

1 8 9 2 0 0 0 1 5 4 6

Any midwife, nurse or person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 April
4. Place of Birth, (Street and Number) Bond st 715
5. Full Name of Mother, Katie Warner
6. Mother's Maiden Name, Katie Warninger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jose Warner
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schwarzman

Address, 409 South Bond st

Remarks, 18920001547

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d,~~ &c.) .....

1. *Sex*, (*state whether male or* ~~female~~) .....
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, April 12th
4. *Place of Birth*, (*Street and Number*) #726 Dolphin St
5. *Full Name of Mother*, Josephine Connolly
6. *Mother's Maiden Name*, McKenna
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, James E. Connolly
9. *Father's Occupation*, Hatter
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other person who makes this Return. Ashe S. Huck (Asst)

Address, #647 Lafayette Ave

Remarks, 1892 0001548

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Maggie Minnes
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Monday April 12th 19
4. *Place of Birth, (Street and Number)*	519 X alley
5. *Full Name of Mother,*	Maggie Minnes
6. *Mother's Maiden Name,*	Maggie Parker
7. *Mother's Birthplace,*	[redacted] Accomac county Virginia
8. *Full Name of Father,*	John W Minnes
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mary McAteer
Address,	11 York Street
Remarks,	1892 0 0 0 1 5 4 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 April 1892.
4. Place of Birth, (Street and Number) Fulton Ave. No 702.
5. Full Name of Mother, Margaretha Smith.
6. Mother's Maiden Name, Margaretha Hamman.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Godfray Smith.
9. Father's Occupation, Comission Merchant.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Maria K. Renner.

Address, 412 Sharp St. Baltimore.

Remarks, 1892000550

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Childe

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12th of april
4. Place of Birth, (Street and Number) Baltimore 520 cross alley
5. Full Name of Mother, Eliza V Hill
6. Mother's Maiden Name, Eliza V Colvert
7. Mother's Birthplace, West River
8. Full Name of Father, Charles Emary Hill
9. Father's Occupation, Stone Polisher
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant or other person who makes this Return, Salestia Cook

Address, 1008 Shiebde alley

Remarks, 1892000155 1

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

38870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored.
3. *Date of Birth*	April 13th 1892.
4. *Place of Birth (Street and Number)*	1818 Mcdonough st.
5. *Full Name of Mother*	Mary Magruder.
6. *Mother's Maiden Name*	Mary Walker.
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Dink Magruder.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Harford County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Regina Howard.
Address	712 N Durham st.
Remarks	No remarks

1892000552

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A. 38821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first child

1. Sex, (state whether male or female) fire
2. Race or Color, (if not of the white race) colored
3. Date of Birth, april 14
4. Place of Birth, (Street and Number) 924 Green Willow court
5. Full Name of Mother, Mrs annie anderson
6. Mother's Maiden Name, annie lynn
7. Mother's Birthplace, in pattabamockbora
8. Full Name of Father, robert anderson
9. Father's Occupation, a painter
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, celestial cook

Address, 108 Shields alley

Remarks, 1892000 1553

Wm J C. Dulany Co., City Printers and Stationers.

Birth to the Commissioner of Health. In case the birth of any child day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered for other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 April
4. *Place of Birth. (Street and Number)* Canton Ave 1908
5. *Full Name of Mother,* Rose Jeager
6. *Mother's Maiden Name,* Rose Walker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Will Jeager
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Schumann

Address, 409 South Bond st

Remarks, 1892000155 4

the practitioner in the form of a certificate between the first and
of the Commissioner of Health, In case the birth of any child
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offense, to
third day of each and every month to the office of the
or should no other person be in
of the person or parents of such
the period above required, and
sions of this section shall be sub-
ise, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 3823.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15th 3 A M 1892
4. Place of Birth, (Street and Number)	833 N Fayette St
5. Full Name of Mother,	Willie Barrett
6. Mother's Maiden Name,	Willie Vaughan
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Wm H Barrett
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	C H Gaylon M D
Address,	1136 Wilcox St
Remarks,	1892000155

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwifery, or should no other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

APR 18 1892

RETURN OF A BIRTH

3884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six Children
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 April
4. *Place of Birth, (Street and Number)*	519 S Tucker St
5. *Full Name of Mother,*	Mgie Buckham
6. *Mother's Maiden Name,*	Mgie Kenyhan
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Theodore Buckham
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Caird County
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dooneally
Address,	1635 Wash St
Remarks,	Kon

1892 0001556

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

38825.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 17-92
4. *Place of Birth, (Street and Number)*	805 Gorsuch Ave
5. *Full Name of Mother,*	Mollie Thompson
6. *Mother's Maiden Name,*	" White
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	T Edward Thompson
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	D W Cathell Md
Address,	1308 N Charles St
Remarks,	1892000157

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

18

WM. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

3826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2 April 1872
4. *Place of Birth, (Street and Number)* 15-21 Harris alley
5. *Full Name of Mother,* Sarah Talbot
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Sam Talbot
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Sidney C Brown

Address, 1121 Madison st

Remarks, 1892000558

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately after the birth of a child to report its birth to the Commissioner of Health, in the manner aforesaid, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

e practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
n or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Co
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH. 3827.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th 03
4. *Place of Birth, (Street and Number)* 123 Bank Street
5. *Full Name of Mother,* Ethel Lettau
6. *Mother's Maiden Name,* Ethel Bisco
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Lettau
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Nelson, Hebrew

Address, [illegible]

Remarks, 8920001559

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1892
4. Place of Birth, (Street and Number) Baltimore 403 Saratoga St
5. Full Name of Mother, Grace May Green
6. Mother's Maiden Name, Grace May Brown
7. Mother's Birthplace, Carrollton Carroll Co
8. Full Name of Father, Dennis Green
9. Father's Occupation, Driver at Nelson Morris & Co.
10. Father's Birthplace, Carrollton Carroll Co.

Name of Medical Attendant, or other person who makes this Return, Susan Hamilton

Address, 23 N Population St

Remarks, 1892 0001560

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner the child to report its birth to the Commissioner of Health, in the manner the child to report its birth to the Commissioner of Health, in the manner the child to report its birth to the

RETURN OF A BIRTH. 38829.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
	Name	John Frederick Kopp Jr
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April tenth 1892
4.	*Place of Birth, (Street and Number)*	762 W. Mulberry St
5.	*Full Name of Mother,*	Kate Kopp
6.	*Mother's Maiden Name,*	Kate Arold
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Frederick Kopp
9.	*Father's Occupation,*	Upholsterer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	231 N Payne station St
	Remarks,	8 9 2 0 0 0 1 5 6 1

the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
cian or practitioner of midwifery, or should no other person be in
eafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
nse, to be recovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offense, to

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L 38830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th
4. *Place of Birth, (Street and Number)* Lemmon ave 2805
5. *Full Name of Mother,* Ella V. Hanlin
6. *Mother's Maiden Name,* McCurdy
7. *Mother's Birthplace,* Balt Co
8. *Full Name of Father,* James H. Hanlin
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, M. A. Thompson

Address, 225

Remarks, Mother 8 9 2 2 0 0 8 | 5 6 2 Sick

Wm J C. Dulany Co., City Printers and Stationers.

Penalty for neglect of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 38831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Record
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Brown skin
3. *Date of Birth,*	12th of april 1892
4. *Place of Birth, (Street and Number)*	204 Bruce St
5. *Full Name of Mother,*	Elda Butler
6. *Mother's Maiden Name,*	Ella Parker
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Douglis Butler
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	Lydia Somerville
Address,	616 Monroe av
Remarks,	

1892 0001563

The Record shall be written, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

38837

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of April 1892
4. Place of Birth, (Street and Number) 1308 N. Dallas Street
5. Full Name of Mother, Louisa Boon
6. Mother's Maiden Name, Louisa Bankl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Boon
9. Father's Occupation, Slater
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1059 Harford Ave Baltimore

Remarks, 1892

8920001564

Md

The above certificate must be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 38833

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 April
4. Place of Birth, (Street and Number) 1318 Bethel Court
5. Full Name of Mother, Matilda Moran
6. Mother's Maiden Name, Matilda Hawkins
7. Mother's Birthplace, England
8. Full Name of Father, Bernard Moran
9. Father's Occupation, Saloon
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lavan

Address, 1079 Harford Ave

Remarks, 8920001565 Baltimore City

third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* fourteen th of April 1892
4. *Place of Birth, (Street and Number)* Baltimore Md Forest 237
5. *Full Name of Mother,* Clara Turner
6. *Mother's Maiden Name,* Clara smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* robert taylor Howard smith
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, catine patterson

Address, 401 Lewis st

Remarks, doing as well as can be expected

18920001566

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...practitioner in the city of ... of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

3883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 15.
4. *Place of Birth, (Street and Number)*	Stockholm st 843 Balto Co.
5. *Full Name of Mother,*	Adeale Brown
6. *Mother's Maiden Name,*	" " Brown
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Lenard Gilliam
9. *Father's Occupation,*	Hard Labor
10. *Father's Birthplace,*	Norfork Virginia
Name of Medical Attendant, or other person who makes this Return	Annie Carson
Address,	851 Stockholm st
Remarks,	Child's Col 20001567

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

38836.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17 1892
4. Place of Birth, (Street and Number) E. Gough St 2938
5. Full Name of Mother, Virginia Springs Steele
6. Mother's Maiden Name, Hays
7. Mother's Birthplace, Philadelphia, Penn
8. Full Name of Father, Benjamine Springs Steele
9. Father's Occupation, Gardening man
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, M. A. Davenport

Address, 225 N. Arch St

Remarks, Well

ab 9 2 6 0 0 0 1 5 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

38837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th April 1892
4. *Place of Birth, (Street and Number)* 1040 N. Central Ave
5. *Full Name of Mother,* Maggie Rabel
6. *Mother's Maiden Name,* Maggie Schrafa
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Nikel
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Christina Lauer

Address, 1054 Harford Ave

Remarks, 1892 Baltimore

+ 8 9 2 0 0 0 1 5 6 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other crimes and forfeitures are recoverable.

RETURN OF A BIRTH.

38838

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 17th 1892
4. Place of Birth (Street and Number) 708 W. Pulteney St
5. Full Name of Mother Ada L. Sorden
6. Mother's Maiden Name " " Baughman
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Everett R. Sorden
9. Father's Occupation House-Painter
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Charles Getz, M.D.
Address 312 N. Carey St.
Remarks

1892000 1570

RETURN OF A BIRTH. 3839.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 1st 1892.
4. *Place of Birth, (Street and Number)*	#2238 Federal St.
5. *Full Name of Mother,*	Maggie Lohmann.
6. *Mother's Maiden Name,*	Maggie Lieberbach.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Louis Lohmann.
9. *Father's Occupation,*	Varnisher.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bruce.
Address,	#1600 N. Chester St.
Remarks,	8920001571

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co , City Printers and Stationers.

RETURN OF A BIRTH 38740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 4th 1892
4. *Place of Birth, (Street and Number)*	914 Peach Alley
5. *Full Name of Mother,*	Mamie Brown
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles Cooper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Susan Gramby
Address,	1035 South Howard
Remarks,	" "

6 9 2 0 0 0 1 5 7 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following facts, viz: the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name, age, color, and place of birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife in charge, at the office of the Commissioner of Health, on the third day of each and every month to the physician or practitioner of midwifery, or such person as may be appointed by the Commissioner of Health, in the manner and within the time above required, and shall become the duty of the attendant or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 38841.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 11 1892
4. *Place of Birth, (Street and Number)* Bruce st 1406
5. *Full Name of Mother,* Anne Spriggs
6. *Mother's Maiden Name,* Mahoney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Spriggs
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah robbins

Address, 1610 Vincent ave

Remarks, 8920001573

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

The name of each child, if any shall have been ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health, or the physician or practitioner in the form of an affidavit, a certificate between the first and third day of each and every month to the physician or practitioner in the birth of any child said schedule shall be delivered, duly signed by the practitioner, or should no other person be in attendance of a midwife, of the person or parents of such child to report its birth to the Commissioner of Health, or practitioner, as required, and shall become the duty of the person or persons who shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable in the manner and within the period above required, and shall occur without the mother, immediately thereafter it shall be sub-mitted to comply with the provisions of this section shall be sub-mitted to the Commissioner of Health, in the Commissioner of Health, and the Commissioner fail to comply with the provisions of this section shall be sub-mitted to the Commissioner of Health, immediately thereafter it

RETURN OF A BIRTH.

38842.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	April 7 1892
4. *Place of Birth, (Street and Number)*	524 Union St
5. *Full Name of Mother,*	Mrs Abz Baer
6. *Mother's Maiden Name,*	Ges Kreiner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Street Cleaner
9. *Father's Occupation,*	Balt'r
10. *Father's Birthplace,*	R. Winslow
Name of Medical Attendant, or other person who makes this Return.	1900 Int Royal Germa
Address,	
Remarks,	8920001574

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of or practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or person in charge, it shall become the duty of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of midwifery, or should no other person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	April 7. 1892
4.	*Place of Birth, (Street and Number)*	Rear 135 Rose
5.	*Full Name of Mother,*	Mattie Watson
6.	*Mother's Maiden Name,*	Mattie Downing
7.	*Mother's Birthplace,*	Virginia
8.	*Full Name of Father,*	Henry Watson
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Virginia
	Name of Medical Attendant, or other person who makes this Return,	Miss. Hirt Fisher
	Address,	129 Rose Ave.
	Remarks,	8920 0015 Baltimore. Md.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child to report its birth to the Commissioner of Health. Should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Eliza Howe~~ ~~4th~~ 4
1.	*Sex, (state whether male or female)*	Male Male
2.	*Race or Color, (if not of the white race)*	Colord
3.	*Date of Birth,*	April 9
4.	*Place of Birth, (Street and Number)*	Shields Alley 1307 of Balto
5.	*Full Name of Mother,*	Eliza Ellen Howe
6.	*Mother's Maiden Name,*	Eliza Ellen Forrester
7.	*Mother's Birthplace,*	Calvert County
8.	*Full Name of Father,*	George Howe
9.	*Father's Occupation,*	Waterman
10.	*Father's Birthplace,*	Calvert county
	Name of Medical Attendant, or other person who makes this Return,	Sarah Rollings
	Address,	1610 Vincent st city Balto
	Remarks,	

8920001576

Wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Every midwife, physician or practitioner who shall attend upon the birth of any child, or any other person who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

3845.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 10th 1892
4. Place of Birth, (Street and Number) 1924 Parrish Alley Balto
5. Full Name of Mother, Ema Spriggs
6. Mother's Maiden Name, Ema White
7. Mother's Birthplace, Anarundel County Md
8. Full Name of Father, John Henry Spriggs
9. Father's Occupation, Driving
10. Father's Birthplace, Anearundel County Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rawlings

Address, 1018 Vincent st Anne Baker

Remarks,

8920001577

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in charge should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 3926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Apr 10 1892
4. *Place of Birth, (Street and Number)*	549 McMechen st
5. *Full Name of Mother,*	Mary ~~Clark~~ McTigue
6. *Mother's Maiden Name,*	Clark
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Luke McTigue
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	R. Winslow
Address,	1900 W. Mt Royal Terrace
Remarks,	8920001578

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 38847.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 11 1892

4. Place of Birth, (Street and Number) 1510 N Caroline St

5. Full Name of Mother, Emma Sumner

6. Mother's Maiden Name, " Hess

7. Mother's Birthplace, Balto

8. Full Name of Father, Jos Henry Sumner

9. Father's Occupation, Manfg. Sash Doors &c (Planing Mill)

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. R E Davis M D

Address, 1507 N Caroline St

Remarks, 8920001579

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner in the form of a certificate, the date and place of birth; and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

38748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 b

1. Sex, (state whether male or female) Mulatto
2. Race or Color, (if not of the white race) W. Me
3. Date of Birth, 17 th April 1892
4. Place of Birth, (Street and Number) Cross Elb 744
5. Full Name of Mother, Wilhelmine Thimel
6. Mother's Maiden Name, Röser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ruby Thimel
9. Father's Occupation, Work Man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Schmaug Fort Eg N 474

Remarks, 1892000 1580

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

HEALTH DEPT.
APR 19 1892
CITY OF BALTIMORE

A 38848

Baltimore April 16 - 92
Miss Lizzie Collens - Colored
Gave birth to a mail Child
April 17 6 A.M. Residence
717 Little George St

Dr C W Kennard
Attending Physician Office 704

1892000158 1

RETURN OF A BIRTH. 23849.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14th 1892.
4. *Place of Birth, (Street and Number)*	#7 Bel Air Ave.
5. *Full Name of Mother,*	Dora Smith.
6. *Mother's Maiden Name,*	Dora Snider.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	August Smith.
9. *Father's Occupation,*	Painter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bruce.
Address,	#1600 N. Chester St.
Remarks,	1892000582

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 t
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	19t of April 1892
4.	*Place of Birth, (Street and Number)*	104 Patterson Park Ave
5.	*Full Name of Mother,*	Winefrida Turner
6.	*Mother's Maiden Name,*	Winefrida Murdock
7.	*Mother's Birthplace,*	Baltimore M.D.
8.	*Full Name of Father,*	Nikolaus Turner
9.	*Father's Occupation,*	Vormann
10.	*Father's Birthplace,*	Baltimore M.D.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hill M.D.
	Address,	207 N Castle Sts Baltimore M.D.
	Remarks,	(((

1892000 1583

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38851.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 19th 1892.
4. Place of Birth, (Street and Number)	Bon. Profe - Federal St
5. Full Name of Mother,	Minnie Lang
6. Mother's Maiden Name,	Minnie Stubbard.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Edward Lang.
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bruno.
Address,	#1650 N. Chester St
Remarks,	1892000 1584

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 38852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 10th 92
4. *Place of Birth, (Street and Number)*	17 E Hamburg St.
5. *Full Name of Mother,*	Lizzie Hecht
6. *Mother's Maiden Name,*	Meyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernest Hecht
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. H. Hirshstein
Address,	403 Hanover Street
Remarks,	18920001585

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

20 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 11 1892
4. Place of Birth, (Street and Number) 218 Bradford Alley
5. Full Name of Mother, Maggie Jenkins
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mezikonah
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J T Shinnall

Address, 14 N Patterson Park Ave

Remarks,

6920001586

month, and shall set forth as far as the same can be ascertained the name of each child, if any, born to her since the birth of such child, the date and place of birth, and the number (if any) of its parents, the date and place of birth, and the occupation of its father, and the number of children (if any) to whom he has been married, and the number (if any) of children of such marriage who are living, and the number (if any) who have been born dead; and the number (if any) of children born to him out of wedlock, and the number (if any)

RETURN OF A BIRTH.

38854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 12 92
4. *Place of Birth, (Street and Number)* 20 E. Lanvale St. W. Gittings
5. *Full Name of Mother,* Rosa Tyler
6. *Mother's Maiden Name,* Mary Fortune
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Edward Tyler
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Dr. L. F. Dorsey

Address, 122 E. Eight St.

Remarks, 8920001587

month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 3887.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

APR 21 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 13th 1892
4. *Place of Birth, (Street and Number)*	515. South Chapel st
5. *Full Name of Mother*	Anna Crowling
6. *Mother's Maiden Name*	Anna Morris
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Crowling
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	415 South Arnold
Remarks	

18920001588

RETURN OF A BIRTH. 3856.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th Inst.
4. *Place of Birth, (Street and Number)* 520 Chatsfield st.
5. *Full Name of Mother,* Maggie Schmidt
6. *Mother's Maiden Name,* Shafer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Schmidt
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Nora Gross

Address, 1917 E Monument st

Remarks, 1892000 1589

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH, 38857

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 nd
1. *Sex (state whether male or female)*	Twin Female
2. *Race or Color, (if not of the white race)*	Collard
3. *Date of Birth*	April 14 1892
4. *Place of Birth, (Street and Number)*	229 South Bellot st.
5. *Full Name of Mother*	Maria Stanly
6. *Mother's Maiden Name*	Maria Mitchell
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Moses Stanly
9. *Father's Occupation*	Whitwasher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhard
Address	465 South Ann st.
Remarks	

1892000001590

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

388.58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* 14th August 92

4. *Place of Birth, (Street and Number)* Baltimore 25 East Carrell

5. *Full Name of Mother,* Mary Elisabeth Zimmerman

6. *Mother's Maiden Name,* Mary Elisabeth Spedding

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Martin Ch. Spedding

9. *Father's Occupation,* Wood Worker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Payson Ston St

Remarks, 1892000591

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

38859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 1892
4. Place of Birth, (Street and Number) 1903 E. Biddle
5. Full Name of Mother, Alice Drury
6. Mother's Maiden Name, Wick
7. Mother's Birthplace, Balto
8. Full Name of Father, Oliver K. Drury
9. Father's Occupation, Paperhanger
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

8920001592

APR 20 1892

Rule. The Attending Physician is to fill the blanks which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 of April

4. Place of Birth, (Street and Number) 1516 Ann St.

5. Full Name of Mother, Mary Holzer (Schneider)

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Andrew Holzer

8. Full Name of Father, Miner

9. Father's Occupation, Baltimore

10. Father's Birthplace, Mrs. L. Sivers

Name of Medical Attendant, or other person who makes this Return.

Address, 1907 E. Monument St.

Remarks, 8920001593

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, if any shall have ...thority of its parents the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...said, schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall be ...child to report its birth to the Commissioner of Health, in the ...any such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

over

3886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Agnes Anna Hydon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 April 1892

4. Place of Birth, (Street and Number) Hollen alley 121

5. Full Name of Mother, Catherine (Frazer) (Color) Hydon Loftus

6. Mother's Maiden Name, Catherine (Frazer) (Color)

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick (Color) Hydon

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8920001594

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 5th 92

4. Place of Birth, (Street and Number) 2 1/2 E. Pratt & Exeter

5. Full Name of Mother, Mrs. — Snyder

6. Mother's Maiden Name, Hilmer

7. Mother's Birthplace, City

8. Full Name of Father, — Snyder

9. Father's Occupation, Carpenter Trades

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Bill

Address, 1001 Eden.

Remarks, 8920001595

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 38863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11 th
4. *Place of Birth, (Street and Number)* 345 N Bond
5. *Full Name of Mother,* Mrs. Jennie V. M. Hilmer
6. *Mother's Maiden Name.* " " " Kaupp
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred A Hilmer
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Dr. Hall M.D.

Address, 1001 Ed ave.

Remarks, 8920001596

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable. 22 1892

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 38864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	April 11th 1892,
4. Place of Birth, (Street and Number)	1640 E. Eager st,
5. Full Name of Mother,	Mary Frances Teiche,
6. Mother's Maiden Name,	M. F. Berwick,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	Henry Teiche,
9. Father's Occupation,	Salesman,
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. P. Bullugh M.D.
Address,	920 N Broadway
Remarks,	

8920001597

ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 38865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 92
4. *Place of Birth, (Street and Number)* 1608 Pleasant St
5. *Full Name of ~~Mother~~ Father,* Peter W. Potts
6. *Mother's Maiden Name.* Dorothea Frome
7. *Mother's Birthplace,* Cuba
8. *Full Name of ~~Father~~ Mother,* Dorothea Potts
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Cuba Ft Hill Md.

Name of Medical Attendant, or other Person who makes this Return.

Address, 1001 Eden Ave

Remarks, 1892 0001598

1892 22

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 3886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	April 16th 1892,
4. Place of Birth, (Street and Number)	421 N. Eden st,
5. Full Name of Mother,	Blanche M. Parrott,
6. Mother's Maiden Name,	Blanche M. Thompson,
7. Mother's Birthplace,	Balt. City
8. Full Name of Father,	Chas. Parrott
9. Father's Occupation,	Broker
10. Father's Birthplace,	Balt. City
Name of Medical Attendant, or other Person who makes this Return	Chas B. Tyler MD
Address,	920 N Broadway
Remarks,	

1892000599

ascertained the full name of each child (if any shall have been born), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

3887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 19th 92

4. *Place of Birth, (Street and Number)* 1612 N Carrollton ave.

5. *Full Name of Mother,* Mrs Christina Hicks ~~Rooney~~

6. *Mother's Maiden Name,* Rooney

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Hopkins E Hicks

9. *Father's Occupation,* Gas inspector

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. F F Hill MD

Address, 1001 Edmondson ave

Remarks,

1892000 1600

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

38868.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1.	*Sex, (state whether male or female)*	Boy.
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	19th April 1892
4.	*Place of Birth, (Street and Number)*	1008 Chester street
5.	*Full Name of Mother,*	Mary Schrantner
6.	*Mother's Maiden Name,*	Mary Geagner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Leonard Schrantner
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
	Address,	213 Nath Chapel St per Justina Kunkel
	Remarks,	Healthy. 9 2 0 0 0 1 6 0 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offense, to be recovered as other debts and forfeitures are recoverable.

1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 58869.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin 1. to

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21. April 1892.
4. *Place of Birth, (Street and Number)* No 1009 E Lombard St.
5. *Full Name of Mother,* Rasel Cordes
6. *Mother's Maiden Name,* Rasel Chalnik
7. *Mother's Birthplace,* Tolzen Rusia
8. *Full Name of Father,* Isak Cordes
9. *Father's Occupation,* Cigar maker.
10. *Father's Birthplace,* Spitkow Rusia

Name of Medical Attendant, or other person who makes this Return, Otto Klaranks 1175 E. Lombard

Address,

Remarks,

1892000 1602

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3870

APR 23 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1892
4. Place of Birth, (Street and Number) #701 Graves St
5. Full Name of Mother, Julia Waltman
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Julia Waltman
9. Father's Occupation, Baker
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. Hannah Killegrant

Address, #1038 E. Monument St.

Remarks,

1892000603

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3887/.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 3rd 1892
4. Place of Birth, (Street and Number) #909 Aisquith St
5. Full Name of Mother, Maggie Schiefer
6. Mother's Maiden Name, M. Schreiburger
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Schaefer
9. Father's Occupation, Wood Stager
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Miss Anna Kellogen

Address, #103 E. Monument St

Remarks,

1 8 9 2 0 0 0 1 6 0 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

FILM
SAFETY

RETURN OF A BIRTH.

38872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	Apr 4th 1892
3.	*Date of Birth,*	White
4.	*Place of Birth, (Street and Number)*	1220 Dumbarton Av
5.	*Full Name of Mother,*	Mary Mooney Lanahan
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Richard Mooney
9.	*Father's Occupation,*	Plumber
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Dena
	Address,	1036 Monument
	Remarks,	1892000160 5

months, and shall set forth as far as the same can be ascertained (A) the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person in charge of the office on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Dec

RETURN OF A BIRTH.

3883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name Dorothy Elderdice

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 7th 1892
4. *Place of Birth, (Street and Number)* 1255 N. Broadway
5. *Full Name of Mother,* Annabel Elderdice
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Penn.
8. *Full Name of Father,* Hugh L. Elderdice
9. *Father's Occupation,* Minister of M. P. Church
10. *Father's Birthplace,* Penn.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st

Remarks, 1892 0001606

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

3887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1892
4. Place of Birth, (Street and Number) #1435 N. Fulton Av
5. Full Name of Mother, Christiana Burger
6. Mother's Maiden Name, Pennecker
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Charles Burger
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Dena Hilbert

Address, #104 E. Monument St

Remarks,

1 8 9 2 0 0 0 1 6 0 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, if any shall have ...and the place of birth; and the ...occupation of its parents, the date and place of birth of ...practitioner in the form of a certificate between the first and ...Commissioner of Health, in case the birth of any child ...practitioner or midwife, or should no other person be in ...practitioner the duty required, and ...it shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub... ...be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-3-52

RETURN OF A BIRTH. A 3885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Ann H. Rockel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 14th 1892
4. Place of Birth, (Street and Number) #21 Wyoming St
5. Full Name of Mother, Lillie Rockel
6. Mother's Maiden Name, Lantz
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robert Rockel
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dena H. Gent

Address, #1058 E. Monument St

Remarks, 18920001608

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 38876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 13th 1892
4. *Place of Birth, (Street and Number)*	937 West Lombard St.
5. *Full Name of Mother,*	Mary Estella Wheeler
6. *Mother's Maiden Name,*	Mary Estella Tucker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alfred Frank Wheeler
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Amanda Taylor Norris, M.D.
Address,	871 Harlem Ave
Remarks,	1892000 1609

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULANY & SON, CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, William Francis Schutt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16 - 92
4. *Place of Birth, (Street and Number)* 1168 Hanover St Baltimore City
5. *Full Name of Mother,* Maggie E Land
6. *Mother's Maiden Name,* Baltimore Md
7. *Mother's Birthplace,* Francis Schutt
8. *Full Name of Father,* Clerk
9. *Father's Occupation,* Baltimore Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr Geo Perry Penny

Address, 413 S Broadway Baltimore Md

Remarks, Mother and baby are doing well

1 8 9 2 0 0 0 1 6 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16 1892
4. *Place of Birth, (Street and Number)* 1 Madison Ave
5. *Full Name of Mother,* Virginia Hawkins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Charles M. Hawkins
9. *Father's Occupation,* Collector
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8920001611

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April 16th 89, ~~208 N. Bethel Street~~
4. *Place of Birth, (Street and Number)* 208 N. Bethel Street,
5. *Full Name of Mother,* Fannie Kess.
6. *Mother's Maiden Name,* Fannie Hooper
7. *Mother's Birthplace,* East New Market, Dorchester County,
8. *Full Name of Father,* Isaiah Kess.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Anne Arundel County, Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hooper,

Address, 123, N. Durham Street.

Remarks, 8920001612

said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissi... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ma... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recover... ...ate and place of birth; and the ...m of a certificate between the first and ...nmissioner of Health. In case the birth of any child ...ctitioner or midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...l within the period above required, and ...comply with the provisions of this section shall be sub- ...s and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 38880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 17th 1892
4. Place of Birth, (Street and Number) 179 N. Hughes street
5. Full Name of Mother, Mary E. Miller
6. Mother's Maiden Name, Mary E. Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Miller
9. Father's Occupation, Steward
10. Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other person who makes this Return, Dilley Gross.

Address, 239 York street

Remarks,

1892 0001613

month, and shall set forth as far as the same can be ascertained the Name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

3887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18th 97
4. *Place of Birth, (Street and Number)* 2541 Oak St.
5. *Full Name of Mother,* Mrs Charles Clarke
6. *Mother's Maiden Name,* Miss Carrie Taylor
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Mr Charles Clarke
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Chas. S. Woodruff M.D.

Address, 1407 N. Charles St.

Remarks, 1897 0 0 0 1 6 1 4

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 38882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colrd
3. *Date of Birth* April 19, 1892
4. *Place of Birth* (Street and Number) 563 W. Hoffman St.
5. *Full Name of Mother* Jennie V. Brown
6. *Mother's Maiden Name* J. V. Maxfield
7. *Mother's Birthplace* Harford Co. Md.
8. *Full Name of Father* Elmer Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson M.D.

Address 526 St. Paul St.

Remarks Apr. 22/92

1 8 9 2 0 0 0 1 6 1 5

advise at the birth of any child within the City of Baltimore, who shall attend, assist, or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, and full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH

38883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5th Living

1. Sex, (state whether ~~male or~~ female) ~~X~~

2. Race or Color, (if not of the white race)

3. Date of Birth, October 12th, 1892

4. Place of Birth, (Street and Number) 2328, Hanover Avenue

5. Full Name of Mother, Mary E. Welsh

6. Mother's Maiden Name, " " Simpson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George W. Welsh

9. Father's Occupation, Farmer

10. Father's Birthplace, St. Marys County Md

Name of Medical Attendant, or other Person who makes this Return Wm. H. Russell

Address, 810, N. Broadway

Remarks,

8920001615

When any child is born alive, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or born alive, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 38884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st 1892
4. Place of Birth, (Street and Number) N. 1212 Stark St, Canton
5. Full Name of Mother, Theresa Rohart
6. Mother's Maiden Name, Rohart
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Kamiczki
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. L. O. Tiedemann

Address, 25 S. Eden

Remarks, Mother not married to father

8920001617

Sec. 2. Be it further enacted, That the certificate required by the preceding section shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38885.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 92.
4. Place of Birth, (Street and Number) 17 S. Carey St.
5. Full Name of Mother, Mollie F. Hickman
6. Mother's Maiden Name, Mollie F. Squire
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thos. E. Hickman
9. Father's Occupation, Hatter
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return. Henry C. Dale, M.D.

Address, 1703 W. Fayette St

Remarks,

8920001618

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 8, 1892
4. Place of Birth, (Street and Number)	27 Westfall St.
5. Full Name of Mother,	Annie Gayheart
6. Mother's Maiden Name,	Annie Stump
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Sue Gayheart
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Am. R. Caskey
Address,	213 E. Heath St
Remarks,	Doing Well

8 9 2 0 0 0 1 6 1 9

been conferred; its sex, color, the full name and occupation of its parents; and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health, in the case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter, in the manner required, and child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 12-4-56

RETURN OF A BIRTH. A 38887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Haupt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Fem.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 7, '92.
4. *Place of Birth, (Street and Number)*	412 S. Central Ave
5. *Full Name of Mother,*	Rebecca Haupt
6. *Mother's Maiden Name,*	Elsasser
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Julius Haupt
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Jenny Pusart
Address,	19 N. Eden St.
Remarks,	1892 0001620

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Section 3. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Apr 10th 1892
4. *Place of Birth, (Street and Number)*	816 N. Carey st
5. *Full Name of Mother,*	Virginia Lee Duball
6. *Mother's Maiden Name,*	" " Dare
7. *Mother's Birthplace,*	St Mary's Co Md
8. *Full Name of Father,*	Henry Duval Jr.
9. *Father's Occupation,*	clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J Harvey Hill M.D
Address,	807 Washington ave
Remarks,	8920001621

pation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

3889

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
(state whether male or female),	female
ce or Color (if not of the white race),	white
e of Birth,	April 16
ce of Birth (Street and Number),	627 Woodbridge
l Name of Mother,	Anna Goldsmith
her's Maiden Name,	Rosenfield
ther's Birthplace,	Europe
l Name of Father,	Solomon Goldsmith
her's Occupation,	Confectioner
her's Birthplace,	Paris France
me of Medical Attendant, or other person who makes this Return.	
dress,	
marks,	

1892 00 0 1622

ters and Stationers.

RETURN OF A BIRTH 38890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 13th 1892
4. *Place of Birth (Street and Number),* 106 N. Barnes St
5. *Fult Name of Mother,* Sarah Franklin
6. *Mother's Maiden Name,* Sarah Shipley
7. *Mother's Birthplace,* Carroll Co Md
8. *Fult Name of Father,* Charles Franklin
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover st.

Remarks,

1 8 9 2 0 0 0 1 6 2 3

...ue Book of a certificate of the ... first and ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the ... of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...imore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 38891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 97
4. Place of Birth, (Street and Number) 936 N. Hudson St
5. Full Name of Mother, Mary Meagher
6. Mother's Maiden Name, Mary Holzer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Meagher
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Dale, M.D.

Address, 1703 W. Fayette St

Remarks,

8920001624

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 14 1892
4. Place of Birth (Street and Number),	330 N. Collington av.
5. Full Name of Mother,	Emma Powell
6. Mother's Maiden Name,	" Jenkins
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Frank Powell
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Delaware
Name of Medical Attendant, or other person who makes this Return.	R. D. Mansfield M.D.
Address,	129 N. Broadway
Remarks,	1892 0001625

...ltim... Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

3893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th 1892
4. *Place of Birth, (Street and Number)*	102 Warren Ave
5. *Full Name of Mother,*	Carrie Naomi Dudley
6. *Mother's Maiden Name,*	" " Auld
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James William Dudley
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	J. Harvey Dill M.D.
Address,	807 Warrington Ave
Remarks,	1892000626

I HEREBY CERTIFY that I have carefully read the foregoing Return, and that the same is correct and true to the best of my knowledge and belief. And I further certify that I will report to the Commissioner of Health any error or omission which I may hereafter discover in the same.

Signature of Medical Attendant or other person who makes this Return.

J. Harvey Dill M.D.

Date, April 15th 1892

I HEREBY CERTIFY that I have carefully read the foregoing Return, and that the same is correct and true to the best of my knowledge and belief. And I further certify that I will report to the Commissioner of Health any error or omission which I may hereafter discover in the same.

Signature of Medical Attendant or other person who makes this Return.

Date,

SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That it shall be the duty of the Commissioner of Health to cause to be prepared a suitable blank form for the return of births, and to cause the same to be distributed to the physicians, midwives and practitioners of the City of Baltimore, and to the Superintendents of the Almshouse, Hospitals, Asylums, Penitentiary, Jail, Lying-in Asylum, Infirmary, and other institutions, and to the Clerks of the Orphans' Court, Justices of the Peace, Constables, Police Officers, Keepers of Prisons, Sheriffs, Coroners, Clergymen, Ministers, Priests, Rabbis, Sextons, Undertakers, Embalmers, Midwives, Nurses, and other persons who may be required to make returns of births, as hereinafter provided, and to cause the same to be printed in such form as may be deemed necessary for the purpose of securing the information required by this Ordinance.

SEC. 2. AND BE IT FURTHER ORDAINED, That it shall be the duty of the physician, midwife or practitioner in attendance upon the mother, at the birth of a child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 38894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 15, 1892
4.	*Place of Birth, (Street and Number)*	1221 Marshall Ave
5.	*Full Name of Mother,*	Lizzie Schulte
6.	*Mother's Maiden Name,*	Lizzie Scharman
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Louis Schulte
9.	*Father's Occupation,*	Lgber
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Ann R. Caskey
	Address,	213 E. Heath St
	Remarks,	Doing Well

8 9 2 0 0 0 1 6 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth 10

1. *Sex, (state whether male or female)* male Sex
2. *Race or Color, (if not of the white race)* of the colored race
3. *Date of Birth,* No. 235 Hollinsetter Street
4. *Place of Birth, (Street and Number)* April 15 1892
5. *Full Name of Mother,* Mary E graves
6. *Mother's Maiden Name,* Mary Hamilder Mitchel
7. *Mother's Birthplace,* Baltimore city Md.
8. *Full Name of Father,* David graves 10
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore city Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Jennie Myers

Address, 223 Clay Street Baltimore Md

Remarks, 8920001628

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 16, 1892
4. Place of Birth, (Street and Number)	25 ~~Randall St~~ Fort Ave.
5. Full Name of Mother,	Fannie Wilkinson
6. Mother's Maiden Name,	Fannie Weaver
7. Mother's Birthplace,	Baltimore
8. Father's Occupation,	John Wilkinson
9. Father's Birthplace,	Glassblower
10. Name of Medical Attendant, or other person who makes this Return.	Baltimore
Address,	H. R. Gasken
Remarks,	213 E. Heath St.
	Young Well
	18920001629

WM J C DULANY CO CITY PRINTERS AND STATIONERS

...ion conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of Health, within five days after the birth to which it relates. If no physician or person in attendance shall become aware of the birth of any child within the period above required, and shall neglect to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, he shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 38897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 92
4. Place of Birth, (Street and Number) 233 N. Fulton Ave.
5. Full Name of Mother, Mary Gebert
6. Mother's Maiden Name, Mary McNamara
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frederick Gebert.
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle M.D.

Address, 1203 W. Fayette St

Remarks,

1 8 9 2 0 0 0 1 6 3 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 38898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 1892

4. Place of Birth, (Street and Number) Wallbrook, Boundry Ave & 12th St

5. Full Name of Mother, Mary E Thornton

6. Mother's Maiden Name, Mary E Sommerville

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James S Thornton

9. Father's Occupation, Clerk

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. P S Fiedler M D

Address, 642 N Fulton Ave

Remarks, 8 9 2 0 0 0 1 6 3 1

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...full name of each child, if any shall have ...ights, the date and place of birth; and the ...form of a certificate between the first and ...of Health. In case the birth of any child ...been conferred) its sex, color, the full name and occupation in full of the person in ...said schedule shall be delivered, duly signed by the practitioner in attendance, or if ...said day of each and every month to the Commissioner of Health, in the manner and ...third occur without the attendance of a physician or practitioner at the birth, then ...shall become the duty, immediately thereafter, of the midwife, or should no other person be in ...attendance upon the mother, immediately after the birth, to comply with the provisions of this section shall be sub-...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 38899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Apl 19th 1892
4. *Place of Birth, (Street and Number)*	902 N. Stricker St
5. *Full Name of Mother,*	Emily Cecelia Clark
6. *Mother's Maiden Name,*	" " Lusby
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Jorge T. Clark
9. *Father's Occupation,*	telegraph Operator
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Harry Hill MD
Address,	807 N. Carlington ave
Remarks,	1892001632

...shall be set forth as far as the same can be ascertained the full name of each child born alive in this city, the date and place of birth; and the number, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth.*	Born April 19 th 1892
4. *Place of Birth, (Street and Number)*	# 1725 Lemmon Str
5. *Full Name of Mother,*	Mrs Lizzie Hoch
6. *Mother's Maiden Name,*	Miss Spurl
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Jacob Hoch
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2121 W Pratt Str
Remarks,	1 8 9 2 0 0 0 1 6 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892 APR 25

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 19. 1892
4.	*Place of Birth, (Street and Number)*	1718 Johnson St.
5.	*Full Name of Mother,*	Mary E. Jarvis
6.	*Mother's Maiden Name,*	Mary E. Sikes.
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Frank Jarvis
9.	*Father's Occupation,*	Boatman's
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Wm. R. Laskey
	Address,	213 E. Fleet St
	Remarks,	Doing Well.

1892000163 4

Wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every child born within the City of Baltimore shall have a name given it within one month after birth, and the parent or parents, guardian or other person having control of such child shall cause the same to be recorded in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and in default thereof shall be subject to a penalty of ten dollars. The name so recorded may be changed at any time within one year after such record is made, upon application to the Commissioner of Health, and the name so changed shall be substituted in the record for the name originally recorded. If any child born within the City of Baltimore shall have been named and the name recorded as aforesaid, and the name be afterwards changed by the parent or parents, guardian or other person having control of such child, the person making such change shall cause the same to be recorded as aforesaid, and in default thereof shall be subject to a penalty of ten dollars. The name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 20 1892
4. Place of Birth, (Street and Number)	# 314 Smallwood Str
5. Full Name of Mother,	Mrs Annie Rausch
6. Mother's Maiden Name,	Miss " Sneider
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Lorenz Rausch
9. Father's Occupation,	Cur Stable
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Hilker
Address,	217 W Pratt Str
Remarks,	1892 0001635

...ch conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...ttendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the form of a certificate between the first and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered to the use of the other fines and forfeitures are recoverable. ...said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such ...third day of each and every month to the office of the Commissioner of Health, in the form of a certificate of midwifery, or should no other person be in

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born April 21 T. 1897
4. Place of Birth, (Street and Number)	# 1827 Lemon Str
5. Full Name of Mother,	Mrs Emelia George
6. Mother's Maiden Name,	Miss " Sodoski
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Henry George
9. Father's Occupation,	Labor
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	1 8 9 2 0 0 0 1 6 3 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 38904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 22—1892
4. Place of Birth, (Street and Number) 1615 Bank st.
5. Full Name of Mother, Johanna Cecilia Kavanagh
6. Mother's Maiden Name, " " Long
7. Mother's Birthplace, City
8. Full Name of Father, Joseph Anthony Kavanagh
9. Father's Occupation, Printer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Dausch

Address,

Remarks, 8 9 2 0 0 0 1 6 3 7

Be it enacted as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of MEDICINE, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 35906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 u
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 22 1892
4. *Place of Birth, (Street and Number)*	1214 Franklin
5. *Full Name of Mother,*	Jane M. Feasler
6. *Mother's Maiden Name,*	Jane M. Canton
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	John F. Feasler
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Harvey Hill
Address,	80 Forsythe ave
Remarks,	1892 0001638

C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female Jennie Hurwitz
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	22 April 99 Baltimore
4. *Place of Birth, (Street and Number)*	York street 44.
5. *Full Name of Mother,*	Linna Hurwitz
6. *Mother's Maiden Name,*	Linna Millen
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Herman Hurwitz
9. *Father's Occupation,*	working on a Tractory
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Lenna Barber
Address,	5 Telford alley.
Remarks,	1892000 1639

been conferred; its sex, color, the full name and occ... said schedule shall be delivered, duly signed by the pr... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence, to ... and occupation of its parents, the date and place of birth; and the ... by the practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... cian or practitioner of midwifery, it should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... ence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name of each child, if any shall have ...a parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation, ...said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office or practitioner of mi... shall occur upon the mother, immediately thereafter, in the manner a... attendance upon its birth to the Commissioner of Health, to comply with the... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38907.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lattie Haines 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* 22 april
4. *Place of Birth, (Street and Number)* 506 Moales alley
5. *Full Name of Mother,* Lattie Haines
6. *Mother's Maiden Name,* Lattie bractan
7. *Mother's Birthplace,* Baltimor City
8. *Full Name of Father,* John Haines
9. *Father's Occupation,* Labaring Work
10. *Father's Birthplace,* Baltimar City

Name of Medical Attendant, or other person who makes this Return. Hester Cortan Catamlee

Address, 509 Preston Street

Remarks, baby lived one hour after birth

8 9 2 0 0 0 1 6 4 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 138908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd 97
4. *Place of Birth, (Street and Number)* 1577 McHenry St
5. *Full Name of Mother,* Mary L. Holmes
6. *Mother's Maiden Name,* Mary L. Rosskamp
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wm J. Holmes
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Dee. M.D.

Address, 1203 Work Fayette St

Remarks,

1 8 9 2 0 0 0 1 6 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 28th 92
4. *Place of Birth, (Street and Number)*	1324 Penna ave extended
5. *Full Name of Mother,*	Elizabeth White
6. *Mother's Maiden Name,*	Ohl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	David White
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo W. Norris M.D
Address,	1501 Pennsylvania
Remarks,	1892000642

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 23rd - 92
4. *Place of Birth, (Street and Number)* 1225 Edmondson St.
5. *Full Name of Mother,* Mrs. Mary Rebecca Jackson
6. *Mother's Maiden Name,* Mrs Mary Quigly
7. *Mother's Birthplace,* Frederick Md
8. *Full Name of Father,* Chas. Jackson
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Montreal Canada

Name of Medical Attendant, or other person who makes this Return. W. Harris

Address, 1446 Pennsylvania Ave

Remarks, 18920001643 Md

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19 — 92
4. Place of Birth, (Street and Number) N Broadway 154 — Balto
5. Full Name of Mother, Mary Thomas —
6. Mother's Maiden Name, " Dressinger
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Lucian Filmer Thomas
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James A. Barnard M.D.

Address, 2111 St Paul St

Remarks, 1892 0001644

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 38912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether male or~~ female),* W
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* April 19 - 97
4. *Place of Birth (Street and Number),* 1823 S Charles
5. *Full Name of Mother,* Mary Kunigunda Bronhardt Mackert
6. *Mother's Maiden Name,* Germany —
7. *Mother's Birthplace,* Otto Bronhardt —
8. *Full Name of Father,* Machinist
9. *Father's Occupation,* Germany —
10. *Father's Birthplace,* Geo. B. Strauss

Name of Medical Attendant, or other person who makes this Return.

Address, 9. E. Montgomery St. — — — —

Remarks, — 1892 0001645

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female Etet Weinstien
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20 April 92 Balt.
4. *Place of Birth, (Street and Number)*	315 Sharp street
5. *Full Name of Mother,*	Rebeka Weinstien
6. *Mother's Maiden Name,*	Rebeka Camatzky
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Moses Weinstien
9. *Father's Occupation,*	Stand in the market
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Linza Barber.
Address,	5 Tilfords alley
Remarks,	1 8 9 2 0 0 0 1 6 4 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th / 92
4. *Place of Birth, (Street and Number)* 1466 N. Carey St
5. *Full Name of Mother,* Lilly Jones
6. *Mother's Maiden Name,* " " Feller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. 151 Eastman St

Address, Baltimore

Remarks, Baltimore

1 8 9 2 0 0 0 1 6 4 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~*2d, 3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*) April 24th 92.
3. *Date of Birth,* 1213 Madison Ave
4. *Place of Birth,* (*Street and Number*) Carrie L Whiting.
5. *Full Name of Mother,* Carrie L Yeager. Md
6. *Mother's Maiden Name,* Baltimore. Md
7. *Mother's Birthplace,* William H Whiting.
8. *Full Name of Father,* Merchant. Md
9. *Father's Occupation,* Baltimore Md
10. *Father's Birthplace,* John L Frazer. M.D.
    Name of Medical Attendant, or other person who makes this Return, 662. West Lexington St
    Address,
    Remarks, 1 8 9 2 0 0 0 1 6 4 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A. 3896.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 24th
4. *Place of Birth, (Street and Number)*	Nro. 509. N. Fremont Ave.
5. *Full Name of Mother,*	Mrs. Ella G. Litz
6. *Mother's Maiden Name,*	" " Geiglein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank J. Litz
9. *Father's Occupation,*	News dealer
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return.	Mrs. Kate A. Geiglein
Address,	Nro. 509 Fremont Ave.
Remarks,	1892 0001649

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38917.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third. (3)
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	April 2, 1892.
4.	*Place of Birth, (Street and Number)*	815 Pierce St.
5.	*Full Name of Mother,*	Ella Nickerson.
6.	*Mother's Maiden Name,*	" Delaver.
7.	*Mother's Birthplace,*	Essex Co. Va.
8.	*Full Name of Father,*	Raleigh Nickerson.
9.	*Father's Occupation,*	Waiter.
10.	*Father's Birthplace,*	Essex Co. Va.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Annie Johnson
	Address,	104 Tyson St.
	Remarks,	

1892000650

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...shall be delivered, duly signed by the physician or midwife, or other person in attendance, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person in attendance, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

3898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8rd 92

4. Place of Birth, (Street and Number) Carroll st

5. Full Name of Mother, Sarah J. C. McEvay

6. Mother's Maiden Name, S. Haffnagan

7. Mother's Birthplace, Balto Co Md

8. Full Name of Father, James J. McEvay

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Miss Elizabeth Mitchell

Address, Carroll Co Office

Remarks, 8920001651

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every birth, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-9-55

RETURN OF A BIRTH

38419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Roan Sigmund

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, April 13 - 12 40 A.M. 1892
4. Place of Birth (Street and Number), 1827 Bank St
5. Full Name of Mother, Annie Virginia Sigmund
6. Mother's Maiden Name, A. V. Schammel
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles Sigmund
9. Father's Occupation, Abacomah
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly MD

Address, 1701 Baltimore St East

Remarks,

1 8 9 2 0 0 0 1 6 5 2

Baltimore Publishing Co., City Printers and Stationers

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 38920.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1892
4. Place of Birth, (Street and Number) 1721 Franklin st
5. Full Name of Mother, Ella Jane Knapp
6. Mother's Maiden Name, Ella Jane Walter
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, William Malcolm Knapp
9. Father's Occupation, Salesman
10. Father's Birthplace, Vermont

Name of Medical Attendant, or other person who makes this Return. P. S. Finch M.D.

Address, 642 N Eutaw St

Remarks, 1 8 9 2 0 0 0 1 6 5 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or assistant, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case there be no other person in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 19. 1892.
4. *Place of Birth, (Street and Number)*	209. Dorsey Lane. Baltimore
5. *Full Name of Mother,*	Lenne. Schlesinger.
6. *Mother's Maiden Name,*	Lenne Reyner.
7. *Mother's Birthplace,*	Wittenberg Europe.
8. *Full Name of Father,*	Henry Schlesinger
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore. Co. M. d.
Name of Medical Attendant, or other person who makes this Return.	Miss Elsisebth Weicks.
Address,	Baltimore Carroll. P. O.
Remarks,	1892000165 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 389 W.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and said residence of the parents, and the maiden name of the mother of such child or children.

CITY OF BALTIMORE 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20th April 92
4. *Place of Birth (Street and Number)*	14 E. Arlington Ave.
5. *Full Name of Mother*	Fannie Jennings
6. *Mother's Maiden Name*	Fannie Daily
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm Jennings
9. *Father's Occupation*	Machinist (2)
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Littell, M.D.
Address	Fayette & Fremont St.
Remarks	

1892000165 5

RETURN OF A BIRTH 3849 23.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 sa

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 22 nd
4. *Place of Birth, (Street and Number)* 1127 Mason Alley.
5. *Full Name of Mother,* Charlotte Jane Ackwood
6. *Mother's Maiden Name,* Charlotte Jane Squirrel
7. *Mother's Birthplace,* Balto. County Md.
8. *Full Name of Father,* Rolf. Ackwood
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Lucy Cornish

Address, 218 Camel Alley.

Remarks, 1 8 9 2 0 0 0 1 6 5 6

Health. This schedule shall contain a list of the births which ... the Commissioner of ... occurred ... under his or her care during the ... be ascertained ... as far as the same can be ascertained ... parents, the ... occupation of ... the full name and ... practitioner ... of Health ... the form of ... the full name of each child, if any shall have ... and place of birth, and the ... the date elapsed between the first and ... of a certificate the birth of any ... in ... midwifery, or should no other person ... the duty of the person required, and ... within the period above required, and ... the provisions of this section shall be sub- ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

38974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 22nd 1892.
4. Place of Birth (Street and Number),	#202 Carroll St.
5. Full Name of Mother,	Mary E Errington Booker
6. Mother's Maiden Name,	Ford
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John B. Errington
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	D. S. Williams M.D
Address,	202 Carroll St
Remarks,	Woodbury

8920001657

And shall set forth as far as the same can be ascertained the full name, color, sex and place of birth of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the said practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the shall and every midwife or practitioner of midwifery, or about each attendance of a physician or practitioner become the duty of the person or persons the attendance of a physician or practitioner it shall be the duty of such person or persons mother, immediately thereafter, in the manner and within the period above required, and any such person or persons the Commissioner of Health, in the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 38921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	the 23d April 1892
4.	*Place of Birth, (Street and Number)*	114 Druid Place
5.	*Full Name of Mother,*	Annie Ebing
6.	*Mother's Maiden Name,*	Annie Bixley
7.	*Mother's Birthplace,*	York Co. Pa.
8.	*Full Name of Father,*	J. F. Ebing
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Adams Co. Pa.
	Name of Medical Attendant, or other person who makes this Return,	Christina Sauer
	Address,	1037 Hanford Ave
	Remarks,	Balto Md City

1 8 9 2 0 0 0 1 6 5 8

Note.—This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
er practitioner of midwifery, or should no other person be in
shall become the duty, of the person or parents of such
ith, in the manner and within the period above required, and
all to comply with the provisions of this section shall be sub-
to be recovered its other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 38926.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24 th 1892
4. *Place of Birth, (Street and Number)* 1627 Hanover. st
5. *Full Name of Mother,* Maggie Wurzbacher
6. *Mother's Maiden Name,* Maggie Smith
7. *Mother's Birthplace,* Baltimore . m d
8. *Full Name of Father,* John Wright
9. *Father's Occupation,* Fireman . B & O. R R
10. *Father's Birthplace,* Baltimore . m d

Name of Medical Attendant, or other person who makes this Return. Ellennora. a. anderson

Address, 1434 Patapsco . st

Remarks,

1 8 9 2 0 0 0 1 6 5 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 d April 1892
4. *Place of Birth, (Street and Number)*	# 119 C Cross St
5. *Full Name of Mother,*	Margaretta Horgan
6. *Mother's Maiden Name,*	Margaretta Fitzhenry
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Nicholas Horgan
9. *Father's Occupation,*	Horseshoer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Physician
Address,	# 1837 Orford Ter
Remarks,	City

1 8 9 2 0 0 0 1 6 6 0

month and shall set forth as far as the same can be ascertained [illegible] been conferred] its sex, color, the full name and occupation of its parents, the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight, 8th
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26th 1897
4. *Place of Birth, (Street and Number)*	No 114 South Ann Street
5. *Full Name of Mother,*	Mrs. Rebecah C. Edmond
6. *Mother's Maiden Name,*	Miss R. C. Young
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Mr. John B. Edmond
9. *Father's Occupation.*	Engineer
10. *Father's Birthplace,*	St Mary's County, Maryland
Name of Medical Attendant, or other person who makes this Return,	Wm. H. Kendrick, M.D.
Address,	201 North Broadway
Remarks,	

8920001661

Health. The following shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 38929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* April 2nd 92
4. *Place of Birth, (Street and Number)* 117 S. Eutaw St
5. *Full Name of Mother,* Carrie M. Howell
6. *Mother's Maiden Name,* " " Burch
7. *Mother's Birthplace,* Alexandria Va.
8. *Full Name of Father,* Albert W Howell
9. *Father's Occupation,* Was a Saloon Keeper is now dead
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Konrad L. Silver

Address, 1427 E Fayette St

Remarks,

1 8 9 2 0 0 0 1 6 6 2

month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered every month to the officer or practitioner of midwifery, of the person or persons who shall become the duty, of the period above required, and third day of each and every month to the office of the Commissioner of Health, in the manner and within the shall occur upon the mother, immediately thereafter it shall be subscribed with the provisions of this section attendance or without the attendance of a physician or practitioner in the city of Baltimore, of a certificate between the first and child to report its birth to the Commissioner of Health, in case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38930.

(Dwl)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 20th 1893
4. *Place of Birth* (Street and Number) 1817 N. Baltimore St
5. *Full Name of Mother* Alma Kinsey
6. *Mother's Maiden Name* Alma Board
7. *Mother's Birthplace* Canada
8. *Full Name of Father* George R. Kinsey
9. *Father's Occupation* Journeyman Painter
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Benson M.D.

Address 1047 Hollins St.

Remarks

8 9 2 0 0 0 1 6 6 3

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or [illegible], the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 38931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (State whether male or female)* Female

2. *Race or color, (if not of the white race)*

3. *Date of Birth,* Apr. 2nd 92

4. *Place of Birth, (Street and Number)* 2119 Fairmount Ave.

5. *Full Name of Mother,* Lenora Dobson Buxton

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Grassmere Balto. Co.

8. *Full Name of Father,* James G. Dobson

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Howard B Kiser

Address, 1427 E. Fayette St

Remarks, 1 8 9 2 0 0 0 1 6 6 4

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person who has been in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23th 1892
4. *Place of Birth, (Street and Number)* At 220 Vendor st
5. *Full Name of Mother,* minnie Bodenbender
6. *Mother's Maiden Name,* minnie Schurbing
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Bodenbender
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Fanning

Address, No 1517 Byrd st

Remarks,

8920001665

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

38433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	24th of April 1892
4.	*Place of Birth, (Street and Number)*	2237 Moorlberry St.
5.	*Full Name of Mother,*	Clara Bollen
6.	*Mother's Maiden Name,*	Clara Pickel
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Robert Bllen
9.	*Father's Occupation,*	Engennis
10.	*Father's Birthplace,*	Baltimae
	Name of Medical Attendant, or other person who makes this Return,	Ascintia Kunkel
	Address,	213 North Chapel St per Justina Kunkel
	Remarks,	Healthy.

67. 2 0 0 0 1 6 6 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-1-54

RETURN OF A BIRTH

38934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Rosabelle Kellogg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Apr. 24th 92
4. Place of Birth, (Street and Number) 117 n gay st
5. Full Name of Mother, Emma Jane Kellogg
6. Mother's Maiden Name, Emma J. Vanbortsch
7. Mother's Birthplace, Yonkers N.Y.
8. Full Name of Father, Harris A. Kellogg
9. Father's Occupation, Candy maker
10. Father's Birthplace, Ogdensburg N.Y.

Name of Medical Attendant, or other person who makes this Return. Howard L. Silver

Address, 1427 E. Fayette St

Remarks, 1892 0001667

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26th 1892
4. *Place of Birth, (Street and Number)*	No 1419. William st
5. *Full Name of Mother,*	Mary Eble
6. *Mother's Maiden Name,*	Mary Broseker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Eble
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1517 Byrds St
Remarks,	1892 0001668

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	26th of April 1892
4.	*Place of Birth, (Street and Number)*	2015 East Fayette st.
5.	*Full Name of Mother,*	Katie Baker
6.	*Mother's Maiden Name,*	Katie Mittdel
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Baker
9.	*Father's Occupation,*	Machiner
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
	Address,	213 North Chapel st Crescintia Kunkel
	Remarks,	Healthy

B 9 2 0 0 0 1 6 6 9

WM J C DULANY CO CITY PRINTERS AND STATIONERS

the births which he [illegible] attended under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 27 th 1892
4. *Place of Birth, (Street and Number)*	No 102 Barney St
5. *Full Name of Mother,*	Wealthy Schweitzer
6. *Mother's Maiden Name,*	Wealthy Clemmens
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Jefferson Schweitzer
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd St.
Remarks,	8920001670

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth, April 15, 1892
4. Place of Birth, (Street and Number) 1518 Latrobe Street
5. Full Name of Mother, Mary E Ford
6. Mother's Maiden Name, Mary E Tony
7. Mother's Birthplace, Saint Mary County Md
8. Full Name of Father, Geogl E Ford.
9. Father's Occupation, Waiter
10. Father's Birthplace, Charles County Md.

Name of Medical Attendant, or other person who makes this Return. Elizabeth McLonde

Address, 26 South Register Street

Remarks, 8920001671

month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and said day of each and every month to the office of the practitioner in the of Health. In case the birth of any child third occur without the attendance of a physician or practitioner in the form of a certificate the birth of any be in shall become the duty of the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwife or other person being in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April th 16 1892
4. *Place of Birth, (Street and Number)*	No 1722 east Fayette st Baltimore Md
5. *Full Name of Mother,*	Louisa Yakman
6. *Mother's Maiden Name,*	Louisa Horden
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	William Yakman
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Elizabeth Mondonnie
Address,	No 26 South Regester st Baltimore Md
Remarks,	8920001672

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-38940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 8 1902
4.	*Place of Birth, (Street and Number)*	402 Duncan Alley
5.	*Full Name of Mother,*	Lizzie Wanger
6.	*Mother's Maiden Name,*	Imbroth
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Nevin Wanger
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Lee Lin Miller
	Address,	1005 Walker St.
	Remarks,	

8920001673

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3841.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 19
4. *Place of Birth, (Street and Number)* Baltimore 2524 Bethel
5. *Full Name of Mother,* Amey Lawson
6. *Mother's Maiden Name,* Amey Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Lawson
9. *Father's Occupation,* engineer
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return. E Edith Mandanes

Address, 24 South Eggerter

Remarks,

8920001674

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Geneva Mock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, March 23/92
4. Place of Birth, (Street and Number) No 1824 Hanover St.
5. Full Name of Mother, Ella Mocks.
6. Mother's Maiden Name, " Sells.
7. Mother's Birthplace, Hood Co. Ark.
8. Full Name of Father, Benj. Mocks.
9. Father's Occupation, Brakesman
10. Father's Birthplace, Rogerston Ark.

Name of Medical Attendant, or other person who makes this Return, Annie Jeans.

Address, No 602 S. Charles St.

Remarks, GIVEN NAME ADDED 10-9-53 [illegible]

1892 0001675

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

B 3843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 28 1892,
4. *Place of Birth, (Street and Number)* 1114 Orator St
5. *Full Name of Mother,* Mary Stage
6. *Mother's Maiden Name,* " Strune
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Ge Stage
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Stelle

Address, 160 S. Mather St.

Remarks,

8920001676

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38944.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	April 24/92
4.	*Place of Birth, (Street and Number)*	1612 Charles St.
5.	*Full Name of Mother,*	Emma Eckles.
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	N. York Eckles
9.	*Father's Occupation,*	Farmer
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return.	Emil Jesse.
	Address,	1600 S. Charles St.
	Remarks,	Patapsco

8 9 2 0 0 0 1 6 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health. In case the birth of any child third day of without the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur upon the mother, immediately thereafter it shall be within the period above required, and attendance upon its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

38946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th 2 Children
1. *Sex, (state whether male or female)*	Male and female 2
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25 / 892
4. *Place of Birth, (Street and Number)*	1624 Hanover St
5. *Full Name of Mother,*	Elizabeth ~~Hildebrandt~~
6. *Mother's Maiden Name,*	Elizabeth Hildebrant
7. *Mother's Birthplace,*	West prize Germany
8. *Full Name of Father,*	William Eichhorst
9. *Father's Occupation,*	Steward
10. *Father's Birthplace,*	West prizen Germany
Name of Medical Attendant, or other person who makes this Return.	Dr Maria Goeller
Address,	1703 Hanover St
Remarks,	Baltimore Md

1 8 9 2 0 0 0 1 6 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, A 38946.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children. 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 26
4. *Place of Birth, (Street and Number)*	1312 Madison
5. *Full Name of Mother*	Ida Eichner
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Lewis Eichner
9. *Father's Occupation*	Railroad
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Mc Kenna MD
Address	1209 Madison
Remarks	

8920001679

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 38947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26th 1892
4. *Place of Birth, (Street and Number)* 1160 Sassafras Street
5. *Full Name of Mother,* Josephine Burgess
6. *Mother's Maiden Name,* Josephine Schultz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Burgess
9. *Father's Occupation,* Glass cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Delegunde Schleifer

Address, 1160 Pacon Street

Remarks, 1 8 9 2 0 0 0 1 6 4 8 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practicing physician or midwife in attendance, or by the parent in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, then the said schedule shall be delivered, duly signed by the parent in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 38748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2 nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apr. 26 - 1892
4. *Place of Birth, (Street and Number)*	21 29 N. Bond St.
5. *Full Name of Mother,*	Pauline Cwolinska
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Not known
8. *Full Name of Father,*	" "
9. *Father's Occupation,*	Dead
10. *Father's Birthplace,*	Not known
Name of Medical Attendant, or other person who makes this Return.	J. L. Craig M.D.
Address,	Balt. University Hospital #21-29 N. Bond St.
Remarks,	1892001681

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27th — 92
4. *Place of Birth, (Street and Number)*	1413 W. Lombard St.
5. *Full Name of Mother,*	Mary A. Taylor
6. *Mother's Maiden Name,*	" " Hedricks.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	James E. Taylor.
9. *Father's Occupation.*	Book-Keeper.
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	1892000 1682

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 38950.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Myrtle May Bowers 1st

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.)
2. *Sex* (state whether male or female) female
3. *Race or Color* (if not of the white race) white
4. *Date of Birth* April 27th 1892
5. *Place of Birth* (Street and Number) 7 W. Barney St
6. *Full Name of Mother* Mary Alice Bowers
7. *Mother's Maiden Name* Mary Alice Hagen
8. *Mother's Birthplace* Balto Md " Frank Dorset Bowers
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. E. Michaux M.D. 2326 E. Sharp St

Address

Remarks GIVEN NAME ADDED. 6-26-53 h.m.

8920001633

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC 29 1892

RETURN OF A BIRTH

38957.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 27
4. Place of Birth, (Street and Number) 1301 Winchester St
5. Full Name of Mother, Frances L Carter
6. Mother's Maiden Name, Frances McKee
7. Mother's Birthplace, Howard County
8. Full Name of Father, John T Carter
9. Father's Occupation, Carpenter and Stair builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Donnelly

Address, 1630 Little [illegible] St

Remarks: None

1892 0001 60

Items. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 28th 1892
4. *Place of Birth, (Street and Number)*	208 N Broadway St
5. *Full Name of Mother,*	Eliza Williams
6. *Mother's Maiden Name,*	Eliza Brown
7. *Mother's Birthplace,*	Charles Co Maryland
8. *Full Name of Father,*	Thomas Williams
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Rockingham Co Va
Name of Medical Attendant, or other Person who makes this Return	Edward E. Mackenzie M.D.
Address,	324 N Biddle St.
Remarks,	The above was a seven months baby & lived thirty minutes

8920 6 6 B

...ET & CO., CITY PRINTERS AND STATIONERS.

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the such schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 38933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 4, 1892
4. *Place of Birth, (Street and Number)* 613 Luzerne St.
5. *Full Name of Mother,* Emma Sharpe
6. *Mother's Maiden Name,* Emma Turner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Short
9. *Father's Occupation,* Ice-cream Peddler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Norwine

Address, 726 Luzerne St.

Remarks,

8920001686

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or parents of such child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

38904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIX 1st.
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	March 2, 892
4.	*Place of Birth, (Street and Number)*	622 Luzerne St.
5.	*Full Name of Mother,*	Minnie Sara
6.	*Mother's Maiden Name,*	Minnie Peterson
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Christopher Sarter
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs. L. Lorsue
	Address,	726 Luzerne St.
	Remarks,	

8920001687

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health, or should no other person be in attendance upon the birth to the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and it shall become the duty of each and every one of the persons who shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 38455

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 2 April 1892.
4. *Place of Birth, (Street and Number)* Cassell near Jefferson st
5. *Full Name of Mother,* Elizabetha Shweikart
6. *Mother's Maiden Name,* Elizabetha Selbo
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Shweikart
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baden Germanie

Name of Medical Attendant, or other Person who makes this Return Anna Shweikart

Address, 1005 E Lombard st

Remarks, 8920001688

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3, 1892
4. Place of Birth, (Street and Number) 813 Woodland Ave.
5. Full Name of Mother, Barbara White
6. Mother's Maiden Name, Barbara Baldwin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas White
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary C. Swayne

Address, 721 Eutaw St.

Remarks, 1892000 1689

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, or should no other person be in attendance upon the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner

RETURN OF A BIRTH. 38457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 5th 1892
4.	*Place of Birth, (Street and Number)*	607 N. Eden St
5.	*Full Name of Mother,*	Mary J. Schneider
6.	*Mother's Maiden Name,*	Schmidt
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	John C. Schneider
9.	*Father's Occupation,*	Clothing Cutter
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	St. Schnorr M.D.
	Address,	1501 E. Eager St
	Remarks,	1892000 1690

WM. J. C. FULANY CO CITY PRINTERS AND STATIONERS.

Section 1. And be it further enacted, That the Commissioner of Health shall cause to be printed such number of blank forms as may be required for the returns of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable

RETURN OF A BIRTH. 38958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, April 7, 1892
4. Place of Birth, (Street and Number) 1609 Saratoga
5. Full Name of Mother, Ella Liggins
6. Mother's Maiden Name, Boddy
7. Mother's Birthplace, Fishburne Co Va
8. Full Name of Father, Andrew Liggins
9. Father's Occupation, Laborer
10. Father's Birthplace, Weldon N C

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 S Broadway St

Remarks, 8920001691

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 8
4.	*Place of Birth, (Street and Number)*	1702 Lowman St
5.	*Full Name of Mother,*	Sarah Esther Hawes
6.	*Mother's Maiden Name,*	Sarah Esther Linde
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Hawes
9.	*Father's Occupation,*	Fireman
10.	*Father's Birthplace,*	England
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Mrs Mary L Shakney
	Remarks, 781 Carpenter and PP	6920001692

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 1892
4. *Place of Birth, (Street and Number)* 1411 N Caroline St
5. *Full Name of Mother,* Amelia A Awbrey
6. *Mother's Maiden Name,* Mefford
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John L Awbrey
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1501 E Baltimore St

Remarks, 8920001693

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the practitioner in attendance, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 38961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 4, 1892
4. *Place of Birth, (Street and Number)* 206 Fawn Alley
5. *Full Name of Mother,* Annie Greenfield
6. *Mother's Maiden Name,* Annie Evans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Greenfield
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Cuba

Name of Medical Attendant, or other person who makes this Return, Edward L. Sawyer

Address, 726 Eutaw St.

Remarks, 8920001694

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1892 30

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3896 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 11, 1892
4. *Place of Birth, (Street and Number)* 802 Harrison
5. *Full Name of Mother,* Martha Henson
6. *Mother's Maiden Name,* Martha Simmons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Henson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Soares

Address, 726 Laurens St

Remarks,

8920001695

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April. 11. 1892
4. *Place of Birth, (Street and Number)*	No 8 Stockton
5. *Full Name of Mother,*	Ellen Easton Baily
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Accomack Co. Va
8. *Full Name of Father,*	Hora Easton
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Norfork City Va
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 E Baltimore St
Remarks,	18920001696

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	April 14, 1892
4.	*Place of Birth, (Street and Number)*	2422 Eastern Ave.
5.	*Full Name of Mother,*	Margaret Fleischmann
6.	*Mother's Maiden Name,*	Margaret Yeanks
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Martin Fleischmann
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Chas L. Dietrich
	Address,	726 Eastern Ave.
	Remarks,	

8920001697

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

APR 20 1892

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* April 19
4. *Place of Birth, (Street and Number)* 205 Gee St
5. *Full Name of Mother,* Kate McGovern
6. *Mother's Maiden Name,* " Flannery
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James McGovern
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Thompson

Address, 412 Scott

Remarks, 8920001698

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 16, 1892
4. Place of Birth, (Street and Number) 607 Canton St
5. Full Name of Mother, Virginia Knight
6. Mother's Maiden Name, Virginia Ramon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Knight
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm J Devine

Address, 716 Eutaw St.

Remarks, 8920001699

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 38967.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 1897
4. Place of Birth, (Street and Number) 809 N Carey St
5. Full Name of Mother, Catherine Ryan Hanrahan
6. Mother's Maiden Name, Catherine Ryan
7. Mother's Birthplace, Balto
8. Full Name of Father, Edw J Hanrahan
9. Father's Occupation, Contractor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. F. E. Chatard

Address, 516 East Ave

Remarks,

18920001700

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Article, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		7. Child
1. Sex, (state whether male or female)		Male
2. Race or Color, (if not of the white race)		
3. Date of Birth,		April 18 1892.
4. Place of Birth, (Street and Number)		1228 Marshall Av.
5. Full Name of Mother,		Mary Jirsa.
6. Mother's Maiden Name,		Wanek.
7. Mother's Birthplace,		Bohemia.
8. Full Name of Father,		Emanuel Jirsa.
9. Father's Occupation,		Tailor.
10. Father's Birthplace,		Bohemia
Name of Medical Attendant, or other person who makes this Return,		J. Lohwasser. Midwife
Address,		1032 Hanover st.
Remarks,		5920001701

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any, born of the mother and now living, and the date and place of birth of each and every such child, and shall have been conferred) its sex, color,

RETURN OF A BIRTH. 38769.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 of April
4. *Place of Birth, (Street and Number)* Baltimore Francis Street 2638
5. *Full Name of Mother,* Annie b. Stonesifer
6. *Mother's Maiden Name,* Annie b Myers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Oliver Stonesifer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

Address, 1628 Mary E Blackney

Remarks, 731 Barre Portland St

8 9 2 0 0 0 1 7 0 2

month, and shall set forth as far as the same can be ascertained the name and occupation of its father, the date and place of birth, and the full name of each child, of any, shall have been conferred, its sex, color, the full name and occupation of its father, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in person or by mail, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	April 14, 1892
4.	*Place of Birth, (Street and Number)*	628 Montford Ave
5.	*Full Name of Mother,*	Julia Simson
6.	*Mother's Maiden Name,*	Julia Baecker
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Simson
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mary L Brague
	Address,	726 Lagrange St
	Remarks,	1892000703

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full Name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person of such attendance upon the mother immediately thereafter, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. 38971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1891
4. Place of Birth, (Street and Number) No 630 N. Lexington St
5. Full Name of Mother, Lydia MacDeade
6. Mother's Maiden Name, Baehr
7. Mother's Birthplace, Balto
8. Full Name of Father, Andrew E MacDeade
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J H. Feldser M.D.

Address, 1501 E Eager St

Remarks, 1892000170 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 38977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 20 97
4. *Place of Birth, (Street and Number)* 1317 N Calvert St
5. *Full Name of Mother,* Annie Rich Kaborg
6. *Mother's Maiden Name,* Annie Rich
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edw L Kaborg
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. T E Shatard

Address, 516 Park ave

Remarks,

1 8 9 2 0 0 0 1 7 0 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

3897/3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	Friday April 22 1892
4.	*Place of Birth, (Street and Number)*	Baltimore 1229 Mulligan st City
5.	*Full Name of Mother,*	Hannah. Ann, Anderson
6.	*Mother's Maiden Name,*	Hannah A Ayers
7.	*Mother's Birthplace,*	Baltimore City Md.
8.	*Full Name of Father,*	George Edward Anderson
9.	*Father's Occupation,*	Wagoner
10.	*Father's Birthplace,*	Baltimore City Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Reuter
	Address,	801 Sterling street Balto City
	Remarks,	Every thing Perfect no deformity

8 9 2 0 0 0 4 7 0 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 23, 1892
4. Place of Birth, (Street and Number) 2537 Canton Ave.
5. Full Name of Mother, Annie Coady
6. Mother's Maiden Name, Annie Gantt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Coady
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Ferrara

Address, 726 Lafayette Ave.

Remarks,

8920001707

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-1-55

RETURN OF A BIRTH.

38975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine ~~Elizabeth~~ Schneider

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 23 1893.
4.	*Place of Birth, (Street and Number)*	218 Little Church st
5.	*Full Name of Mother,*	Mary Schneider.
6.	*Mother's Maiden Name,*	Redinger
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	Conrad Schneider.
9.	*Father's Occupation,*	Brewery.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	J. Schwaser Midwife
	Address,	1032 Hanover st.
	Remarks,	

8920001708

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 24, 1892
4. *Place of Birth, (Street and Number)* 800 S. Broadway
5. *Full Name of Mother,* Amelia Kuehne
6. *Mother's Maiden Name,* Amelia Steinacker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Kuehne
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Thos L Sowers

Address, 726 Eugene St.

Remarks, 1892000 1709

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the firm of a certificate between the first and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 38477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 24th of april

4. Place of Birth, (Street and Number) 846 China st

5. Full Name of Mother, Gussie Young

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Milly Gross

Address, #229 York street

Remarks, 1892000171 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 38478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 24 1892.
4.	*Place of Birth, (Street and Number)*	24 Cross st.
5.	*Full Name of Mother,*	Mary Dietrich.
6.	*Mother's Maiden Name,*	Neugert.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	Joe Dietrich.
9.	*Father's Occupation,*	Woodturner
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return,	J. Lehnussel Midwife
	Address,	1032 Hanover st.
	Remarks,	8920001711

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. And case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of any person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 58979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 25th
4. *Place of Birth, (Street and Number)*	Parrish Alley
5. *Full Name of Mother,*	Charles Hughes
6. *Mother's Maiden Name,*	Rachel Hughes
7. *Mother's Birthplace,*	Talbert County
8. *Full Name of Father,*	Charles Hughes
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Talbert County
Name of Medical Attendant, or other person who makes this Return.	Matilda Jackson
Address,	1408 Bruce
Remarks,	none

8920001712

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 38980.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Name of Child, (if any)	George Wm. Schmidt
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first.
1.	Sex, (state whether male or female)	Male.
2.	Race or Color, (if not of the white race)	white.
3.	Date of Birth,	25. of April.
4.	Place of Birth, (Street and Number)	Bloom Str. 513.
5.	Full Name of Mother,	Sophia Schmidt.
6.	Mother's Maiden Name,	Sophia Wohnle.
7.	Mother's Birthplace,	Rüllen, {Unter Elsass} Germany.
8.	Full Name of Father,	Gustav William Schmidt.
9.	Father's Occupation,	Cabinet-Maker.
10.	Father's Birthplace,	Oederan {Saxonia} Germany.
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Mrs Mary E. Shockney.
	Remarks,	731 Cumberland St

8 9 2 0 0 0 1 7 1 3

This schedule shall be filled up in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name, by the practitioner in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall become, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

38981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	black
3.	*Date of Birth,*	March 26, 1892
4.	*Place of Birth, (Street and Number)*	2307 Forrest ave
5.	*Full Name of Mother,*	Sarah Lentz
6.	*Mother's Maiden Name,*	Sarah Gardner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Lentz
9.	*Father's Occupation,*	Cook
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Wm L Swanson
	Address,	726 Eutaw St.
	Remarks,	

8920001714

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

ertained the full name of each child, if any shall have
on of its parents; the date and place of birth; and the
tioner in the form of a certificate between the first and
nissioner of Health. In case the birth of any child
titioner of midwifery, or any person or parents of such
hall become the duty of any person required, and
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26, 1892
4. Place of Birth, (Street and Number) E. Yough nr 20 42
5. Full Name of Mother, Mary E Fuller
6. Mother's Maiden Name, Mis Kinsey
7. Mother's Birthplace, Balt City
8. Full Name of Father, Henry D Fuller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. M A Donaghy

Address, 225 S Ann st

Remarks, No 8 9 2 0 0 0 6 4 7 5 White

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	W ~~April 26~~
3.	*Date of Birth,*	April 26
4.	*Place of Birth, (Street and Number)*	208 Perkin St
5.	*Full Name of Mother,*	Nora Durkin
6.	*Mother's Maiden Name,*	" Burns
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Mickel Durkin
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Miss Mary Hanyan
	Address,	412 Scott St
	Remarks,	8920001716

Note.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the *Christian* name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the ~~case~~ of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 38984.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26 1892
4. Place of Birth, (Street and Number) N Eden St 611
5. Full Name of Mother, Mattie Miller
6. Mother's Maiden Name, Glass
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, George Miller
9. Father's Occupation, manufacturer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 225 S Ann St

Remarks, Dr # 2 0 0 1 7 1 7

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

APR 30 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 26, 1892
4. *Place of Birth, (Street and Number)* 2411 Hudson St
5. *Full Name of Mother,* Mary Bland
6. *Mother's Maiden Name,* Mary Bishop
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* John Bland
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Lucas

Address, 726 Eutaw St

Remarks,

8920001718

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Which Are occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 3878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3 *Date of Birth,*	Born April 26th 1892
4. *Place of Birth, (Street and Number)*	# 421 Smallwood Str
5. *Full Name of Mother,*	Mrs Marie Voland
6. *Mother's Maiden Name,*	Miss " Henkel
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Henry Voland
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W. Pratt Str
Remarks,	18920001719

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RETURN OF A BIRTH. 38987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	April 27 — 1892.
3.	*Date of Birth,*	1142 Hanover st
4.	*Place of Birth, (Street and Number)*	Anna Agnes.
5.	*Full Name of Mother,*	Dailey.
6.	*Mother's Maiden Name,*	Amerika.
7.	*Mother's Birthplace,*	Texas Agnes.
8.	*Full Name of Father,*	Police Officer.
9.	*Father's Occupation,*	Amerika.
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife.
	Address,	1032 Hanover st
	Remarks,	1892000 1720

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, in case the birth of any child third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 27th 1892
4. *Place of Birth, (Street and Number)*	#336 Smallwood Str
5. *Full Name of Mother,*	Mrs Hannah Ironmaker
6. *Mother's Maiden Name,*	Miss " Gottschalk
7. *Mother's Birthplace,*	Preissen Gemany
8. *Full Name of Father,*	Albert Ironmaker
9. *Father's Occupation,*	Car Stable
10. *Father's Birthplace,*	Preissen Gemany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Batt St
Remarks,	1892000172 1

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

38484

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	28th of April 1892
4.	*Place of Birth, (Street and Number)*	1930 Mccalley st.
5.	*Full Name of Mother,*	Barbra Myer.
6.	*Mother's Maiden Name,*	Barbra Rice
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Frank Myer.
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescentia Kunkel
	Address,	213 North Chapel st pa Justina Kunkel
	Remarks,	Healthy

84 2 0 0 0 1 7 2 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter, of each physician or midwife. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered, with other fines and forfeitures are recoverable

RETURN OF A BIRTH.

38490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28, 1892
4. Place of Birth, (Street and Number) 721 Rose St.
5. Full Name of Mother, Laura Adams
6. Mother's Maiden Name, Laura Webb
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Adams
9. Father's Occupation, Laborer
10. Father's Birthplace, Anne Arundel Co.

Name of Medical Attendant, or other person who makes this Return, Jas. L. Thomas

Address, 726 Eager St.

Remarks,

8920001723

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 28, 1892
4. *Place of Birth, (Street and Number)* 502 Pine St.
5. *Full Name of Mother,* Louisa Starck
6. *Mother's Maiden Name,* Louisa Haley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Starck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Sherwin

Address, 716 Eutaw St.

Remarks,

1892000724

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 28 1892.
4.	*Place of Birth, (Street and Number)*	505 Hanover st.
5.	*Full Name of Mother,*	Mary Boode.
6.	*Mother's Maiden Name,*	Mc Coll.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	William Boode.
9.	*Father's Occupation,*	Black-smith.
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return,	M. Schwarzer. Midwife
	Address,	1032 Hanover st
	Remarks,	1892000172 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report the same to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

38993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 the.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	April 28, 1892
4.	*Place of Birth, (Street and Number)*	702 Howe St.
5.	*Full Name of Mother,*	Elizabeth Guseman
6.	*Mother's Maiden Name,*	Elizabeth Horst
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Guseman
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mary L. Guseman
	Address,	726 Eutaw St.
	Remarks,	

8920001726

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

30 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 38994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	28th of April 1892
4.	*Place of Birth, (Street and Number)*	1930 Mocalley st.
5.	*Full Name of Mother,*	Mary Lentz
6.	*Mother's Maiden Name,*	Mary Hohanz
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Lentz
9.	*Father's Occupation,*	Cutter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
	Address,	213 Natt Chapel st. per Justina Kunkel
	Remarks,	Health

89-20001727

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 38995.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1st of April
4. Place of Birth, (Street and Number)	2123 Wilhelm St
5. Full Name of Mother,	Margaretha Rohrmann
6. Mother's Maiden Name,	Margaretha Mangold
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Carl Rohrmann
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	18920001728

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 38496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd of April
4. *Place of Birth, (Street and Number)*	40 Landwehr Lane
5. *Full Name of Mother,*	Ana Hauser
6. *Mother's Maiden Name,*	Ana Biehler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alexis Hauser
9. *Father's Occupation,*	Bütscher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Kenler Midwife
Address,	216 West Pratt St.
Remarks,	

1 8 9 2 0 0 0 1 7 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

38997.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	12th April
4.	*Place of Birth, (Street and Number)*	1508 Dover St
5.	*Full Name of Mother,*	Mary Kark
6.	*Mother's Maiden Name,*	Mary Heckrotte
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Michael Kark
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
	Address,	2116 West Pratt
	Remarks,	

1 8 9 2 0 0 0 1 7 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

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GIVEN NAME ADDED 5-2-57

RETURN OF A BIRTH. 38998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ida Marie Bauer 1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 8th. 1892.
4. Place of Birth, (Street and Number)	S.W. Cor Gelz ave + Biddle St.
5. Full Name of Mother,	Maggie Bauer,
6. Mother's Maiden Name,	Maggie Michaels
7. Mother's Birthplace,	Balt. Md
8. Full Name of Father,	Adam Bauer,
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert + Preston Sts.
Remarks,	8920001731

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 38999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of Abril
4. *Place of Birth, (Street and Number)*	435 Pulaski
5. *Full Name of Mother,*	Rebeka Branski
6. *Mother's Maiden Name,*	Rebeka Eisenberg
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Jacob Branski
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	1892 0001732

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	9th of April
4. Place of Birth, (Street and Number)	212 Bruce St
5. Full Name of Mother,	Mary Bensel
6. Mother's Maiden Name,	Mary Rapp
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wilhelm Bensel
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	216 West Pratt St
Remarks,	8920001733

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 3901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 10 1892
4. *Place of Birth, (Street and Number)*	215 N. Vincent alley
5. *Full Name of Mother,*	Mrs. Rebecka Mitchell
6. *Mother's Maiden Name,*	Rebecka Dorsey
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	Jno. F. Boltman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	G. W. Slater. M.D.
Address,	1892 1634 N. Fayette St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	11th of April
4. Place of Birth, (Street and Number)	324 Price St
5. Full Name of Mother,	Mary Park
6. Mother's Maiden Name,	Mary Danelson
7. Mother's Birthplace.	Baltimore
8. Full Name of Father,	Michael Park
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Houles Midwife
Address,	2116 10 Front St
Remarks,	1892000 1735

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	B.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	12th of April
4. Place of Birth, (Street and Number)	49 Brauns Lane
5. Full Name of Mother,	Marya Bartelmes
6. Mother's Maiden Name,	Marya Heil
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Bartelmes
9. Father's Occupation,	Brauer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	

8920001736

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A3900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of April
4. *Place of Birth, (Street and Number)*	743 Frederik Road
5. *Full Name of Mother,*	Elisabeth Bender
6. *Mother's Maiden Name,*	Elisabeth Perry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Bender
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Hauler Midwife
Address,	2116 West Pratt St
Remarks,	

8920001737

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 39003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	15th April 1892
4. *Place of Birth, (Street and Number)*	1208 N. Charles Street
5. *Full Name of Mother,*	Mary Gordon Thom
6. *Mother's Maiden Name,*	Mary Pleasants Gordon
7. *Mother's Birthplace,*	Danville — Va
8. *Full Name of Father,*	Dr Courcy Wright Thom
9. *Father's Occupation,*	Stock Broker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. C. Wilson
Address,	814 Park Avenue
Remarks,	1892 U 0 0 1 7 3 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-29-56

RETURN OF A BIRTH.

A 39006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilmer J. ~~Debring~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 16th. 1892
4. Place of Birth, (Street and Number)	925 E. Chase St.
5. Full Name of Mother,	Elizabeth Debring
6. Mother's Maiden Name,	Elizabeth A Kalhamer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	J. Alphonse Debring
9. Father's Occupation,	Clerk Md. Md. R.R. Co. Dept.
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Calvert & Preston Sts.
Remarks,	

8920001739

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	17th of April
4. *Place of Birth, (Street and Number)*	2123 Christian St
5. *Full Name of Mother,*	Berta Wagmann
6. *Mother's Maiden Name,*	Berta Bamatscheck
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Bino Wagmann
9. *Father's Occupation,*	Tayleor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 West Pratt St
Remarks,	1892000 1740

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A39008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apr. 19th 1892
4. Place of Birth, (Street and Number)	1619. W. Lexington St
5. Full Name of Mother,	Maggie V. Bichell
6. Mother's Maiden Name,	Maggie V. Nicholson
7. Mother's Birthplace,	Howard Co. Md.
8. Full Name of Father,	John Bichell
9. Father's Occupation,	Grocer
10. Father's Birthplace,	St. Mary's Co. Md.
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater M.D.
Address,	637 W. Fayette St.
Remarks,	8920001741

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 39009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten nor dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 21 96
4. Place of Birth, (Street and Number) 1131 Lexington St
5. Full Name of Mother, Gertrude Brown
6. Mother's Maiden Name, Abendroth
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Valentine M. Brown
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. J. M. Lumpkin M.D.

Address, 645 W Baltimore St

Remarks,

1 8 9 2 0 0 0 1 7 4 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 39010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 24 — 92.
4. *Place of Birth, (Street and Number)*	901 Ridgely St.
5. *Full Name of Mother,*	Susie Gauer
6. *Mother's Maiden Name,*	Lane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Gauer
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. M. Lumpkin M.D.
Address,	640 N. Bond St.
Remarks,	1892000 1743

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th of April
4. *Place of Birth, (Street and Number)*	211 Wilhelm St
5. *Full Name of Mother,*	Barbara Maier
6. *Mother's Maiden Name,*	Barbara Hochdwein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Maier
9. *Father's Occupation,*	Cigarmaches
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heules Midwife
Address,	216 North Piatt St
Remarks,	

1 8 9 2 0 0 0 1 7 4 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 39017

CERTIFICATE CORRECTED 9-28-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie A. Raabe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25th 1892
4. Place of Birth, (Street and Number) 11-2506 Lancaster
5. Full Name of Mother, Anna Isabel Raabe
6. Mother's Maiden Name, Schroeder
7. Mother's Birthplace, Germany
8. Full Name of Father, William (Raabe) Raabe
9. Father's Occupation, Lighthouse Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. L. O. Steinmitz M.D.

Address, 25 S. Eden st

Remarks,

18920001745

Every midwife or physician in attendance at a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 4-10-58

over

RETURN OF A BIRTH.

A 39013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name ~~Peter K Gross~~ Carl P. Gross.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1892 - 25 of April

4. Place of Birth, (Street and Number) 322 Forest St Gross

5. Full Name of Mother, Elisabeth Graf

6. Mother's Maiden Name, Elisabeth Bender

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Graf, Gross

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 West Pratt St

Remarks, 1892000 1746

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner, in the manner and within the period above required, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, ~~3*d*~~, &c) .....

1. *Sex*, (*state ~~whether male or~~ female*) .....
2. *Race or Color*, (*if ~~not of the~~ white race*) .....
3. *Date of Birth*, April 26 92
4. *Place of Birth*, (*Street and Number*) 508 Block ff.
5. *Full Name of Mother*, Mrs Mary Lossmon.
6. *Mother's Maiden Name*, Mary Shinn.
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Jno Lossmon
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr D H Lashus

Address, 124 Light St.

Remarks, 1892 0001747

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26th of April
4. Place of Birth, (Street and Number)	333 Pantalone St
5. Full Name of Mother,	Karolina Handner
6. Mother's Maiden Name,	Karoline Dichmann
7. Mother's Birthplace.	Germany
8. Full Name of Father,	Friederich Handner
9. Father's Occupation.	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedrichs Keules Midwife
Address.	2116 West Pratt St
Remarks.	8920001748

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon birth to the Commissioner of Health, or should no other returns of such shall occur without the mother, immediately thereafter it shall become the duty of the person or parents required, and attendance upon birth to the Commissioner of Health, or should no other returns of such child to report its birth within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2½ of April
4. *Place of Birth, (Street and Number)*	312 Schmallwood St.
5. *Full Name of Mother,*	Theresia Janzen
6. *Mother's Maiden Name,*	Theresia Wolfram
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	John Janzen
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St
Remarks,	18920001749

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 April 892
4. *Place of Birth, (Street and Number)* 151 N. Broadway
5. *Full Name of Mother,* Bertha Schulze
6. *Mother's Maiden Name,* Bertha Silber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Schulze
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Baines

Address, 1059 Harford Ave Baltimore Md

Remarks, 1 8 9 2 0 0 0 1 7 5 0 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 39018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	Whl
3. *Date of Birth,*	April 28 -
4. *Place of Birth, (Street and Number)*	1726 Eastern Ave
5. *Full Name of Mother,*	Maggie Pellicott
6. *Mother's Maiden Name,*	" Miller
7. *Mother's Birthplace,*	a
8. *Full Name of Father,*	— Pellicott
9. *Father's Occupation,*	Box maker
10. *Father's Birthplace,*	a
Name of Medical Attendant, or other person who makes this Return.	Brandon
Address,	17 Baltimore
Remarks,	

1 8 9 2 0 0 0 1 7 5 1

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of April 1892
4. Place of Birth, (Street and Number) 1101 Holland Lane
5. Full Name of Mother, Mary Schaefer
6. Mother's Maiden Name, Mary Starr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schaefer
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Lauer

Address, 1059 Harford Ave Baltimore Md

Remarks, 8 9 2 0 0 0 1 7 5 / 2 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 39020.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 29 1892
4. *Place of Birth (Street and Number),* 1220 Jefferson Place
5. *Full Name of Mother,* Mrs Wm Land
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Wm Land
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Edward L Bullard M.D.

Address, 506 Park Ave

Remarks, 1892000 1753

This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. The same must be filled out, and sent or left at the office of the Commissioner of Health, on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule

RETURN OF A BIRTH. 39071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 92.
4. Place of Birth, (Street and Number) 2618 Mary st Clifton Balto.
5. Full Name of Mother, Annie M. Harris,
6. Mother's Maiden Name, Annie M. Altrogge,
7. Mother's Birthplace, New Freedom Penna.
8. Full Name of Father, William S. J. Harris,
9. Father's Occupation, Agent.
10. Father's Birthplace, York Penna.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary L Shakeney

Remarks, 781 Cumberland st

8920001754

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 April
4. *Place of Birth, (Street and Number)* Friendship Court 161½
5. *Full Name of Mother,* Mary Wilfer
6. *Mother's Maiden Name,* Mary Nigael
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nicks Wilfer
9. *Father's Occupation,* Wagon Builder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond st

Remarks, 1892000175 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

39073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 30th 1892
4. *Place of Birth (Street and Number)*	223 ~~W. Bond~~ W. Barre st
5. *Full Name of Mother*	Hester E. Mosley
6. *Mother's Maiden Name*	Hester E. Bowen
7. *Mother's Birthplace*	Calvert County Maryland
8. *Full Name of Father*	John Harvard Mosley
9. *Father's Occupation*	Locomotive Fireman
10. *Father's Birthplace*	Frederick County Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. Michael M. D.
Address	S-26 Shaw's st.
Remarks	

8920001756

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and last marriage of its parents, the full name and occupation of the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 39024.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30/1892
4. *Place of Birth, (Street and Number)* 1704 Lancaster St
5. *Full Name of Mother,* Eliz. E. Roeder
6. *Mother's Maiden Name,* Eliz. E. Warner
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Chas. J. Roeder
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. H. Bushield Jr. M.D.

Address, 700 S. Broadway

Remarks, 8 9 2 0 0 0 1 7 5 3 Born 10.45 P.M.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 1st.

4. Place of Birth, (Street and Number) Hamburg St. 516

5. Full Name of Mother, Agnes O. Graefe

6. Mother's Maiden Name, Agnes O. Fritzschner.

7. Mother's Birthplace, Osterode Germany

8. Full Name of Father, Herman C. Graefe

9. Father's Occupation, Pianomacker

10. Father's Birthplace, Langensalza Germany

Name of Medical Attendant, or other person who makes this Return, Catherina Wiemuth

Address, Garrison Lane Near Franklin St

Remarks, 18920001758

Wm. J. C. Dulany Co., City Printers and Stationers.

Births.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	April 15
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	~~4/5 Eutaw st~~
4. *Place of Birth, (Street and Number)*	15 Eutaw st
5. *Full Name of Mother,*	Annie M Welsh
6. *Mother's Maiden Name,*	" " Buchner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lawrence I Welsh
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Govenstown Balto Co
Name of Medical Attendant, or other person who makes this Return,	Catherine Munroe
Address,	Garrison Lane Near Franklin St
Remarks,	

1892000 1759

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39027.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Apr 2 '93
4.	*Place of Birth, (Street and Number)*	624 Fountain Ave
5.	*Full Name of Mother,*	Mrs Ida Burnett Gray
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Balto Co
8.	*Full Name of Father,*	Chas Gray
9.	*Father's Occupation,*	R. R.
10.	*Father's Birthplace,*	Balto Co
	Name of Medical Attendant, or other person who makes this Return,	E. B. Ulrich M.D
	Address,	Union Square
	Remarks,	1892000176 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the color, the full name of each child, (if any shall have been conferred) its sex, color, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, within the first and third day of each month, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 2
4.	*Place of Birth, (Street and Number)*	129 W Camden st
5.	*Full Name of Mother,*	Louisa Michael Peters
6.	*Mother's Maiden Name,*	"
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Henry Michael
9.	*Father's Occupation,*	Barber
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return,	Dr. J. Bruce Mud
	Address,	511 Hanover st
	Remarks,	8920001761

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the full name and occupation of its parents, the date and place of birth, first and last name of mother before marriage, color, the full name and residence of the practitioner in the case, and the cause of any stillbirth. In case the birth of any child has been concealed, duly signed by the Commissioner of Health, or should no other person of such said schedule shall be delivered within the period above required, and shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the person or parents of such child, or by the practitioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty of the person in attendance upon the mother, or in the absence of such attendance upon the mother, the parents of such child, in the manner and within the time above required, to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 2nd / 92.
4.	*Place of Birth, (Street and Number)*	# 555 Kohl St.
5.	*Full Name of Mother,*	Catherine Blumke
6.	*Mother's Maiden Name,*	" " Hamrat
7.	*Mother's Birthplace,*	Prussia
8.	*Full Name of Father,*	Christ Blumke
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Prussia
	Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
	Address,	# 106 S. Monroe st.
	Remarks,	8920001762

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) the date and place of birth, first and last name and occupation of its parents, the certificate between the birth of any child said schedule shall and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of midwifery, or should no other person of such third day of each month the attendance of the person or parents required, and thereafter it shall become the duty of the person or parents required, and attendance upon the mother, immediately to the Commissioner of Health, in the form child to report its birth to the Commissioner and within the period above required, sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 2 - 92
4. *Place of Birth, (Street and Number)*	625 N. Chapel St
5. *Full Name of Mother,*	Rosa A. Gray
6. *Mother's Maiden Name,*	Woolen
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John L. Gray
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	8920001763

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(Over)

RETURN OF A BIRTH. 39031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 3rd 92
4. Place of Birth, (Street and Number) 1502 W. Saratoga St.
5. Full Name of Mother, ~~(Bertha)~~ Margaret Frederick
6. Mother's Maiden Name, ~~(Bertha)~~ Margaret Sauer.
7. Mother's Birthplace, Md
8. Full Name of Father, Wm H. Frederick
9. Father's Occupation, Merchant.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. G. Miller. M.D.

Address, 222 N. Monument St.

Remarks, Full name of child - Leon W. Frederick

B 9 2 0 0 0 1 7 6 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 34032.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 3 - 92
4. *Place of Birth, (Street and Number)*	1318 N Washington
5. *Full Name of Mother,*	Maggie L Davis
6. *Mother's Maiden Name,*	" Zink
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm J Davis
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonough
Remarks,	8920001765

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 4
4. Place of Birth, (Street and Number) 422 E Fairmount
5. Full Name of Mother, Mrs Emma Anderson Strouse
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas E Strouse
9. Father's Occupation, R. R.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Gilbert

Address, Union Square

Remarks, 8920001766

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, and a midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 24 th 1892
4. Place of Birth, (Street and Number) 527 W. Barrett St
5. Full Name of Mother, Augusta Bertha Wernett
6. Mother's Maiden Name, Augusta Bertha Hellrich
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Augustus Wernett
9. Father's Occupation, Tight Wadchman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Baltzeger Munch

Address, Harrison Lane near Franklin

Remarks,

8920001767

Wm J C Dulany Co., City Printers and Stationers.

Health. and this Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th April 1892
4. Place of Birth, (Street and Number) 522, N. Front St
5. Full Name of Mother, Kate Lechner
6. Mother's Maiden Name, Kate Ward
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Louis Lechner
9. Father's Occupation, Brushmaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Zink midwife

Address, 506 N. High St

Remarks, 1892000 1768

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to conform with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 39036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 April 1892
4. *Place of Birth, (Street and Number)* 10 Sergent Street
5. *Full Name of Mother,* Carrie Semore
6. *Mother's Maiden Name,* Carrie Hennes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Semore
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 111 Cross Street

Remarks, 1892000769

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 39037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6th April
4. *Place of Birth, (Street and Number)* 1026 E. Front St
5. *Full Name of Mother,* Clara Manning
6. *Mother's Maiden Name,* Clara Healy
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Manning
9. *Father's Occupation,* Telegraph Lineman
10. *Father's Birthplace,* Pittsburg

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Fink midwife

Address, 1026 E. High St.

Remarks, 8920001770

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 39038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Twin
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Apr. 7.
4.	*Place of Birth, (Street and Number)*	010 Homburg St.
5.	*Full Name of Mother,*	Pauline Kesting
6.	*Mother's Maiden Name,*	" Lessel
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Chas L Kesting
9.	*Father's Occupation,*	Piano maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Lange
	Address,	711 Cross St.
	Remarks,	

8920001771

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7 '92
4. *Place of Birth, (Street and Number)*	15 S. Shroder
5. *Full Name of Mother,*	Mrs Susie Lubbehusen
6. *Mother's Maiden Name,*	" Cooper
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	Frank L Lubbehusen
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return.	T C Wathington
Address,	810 W Fayette St
Remarks,	8920001772

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

births which have occurred under his or her care during the
schedule shall contain a list of the births
as far as the same can be ascer-
set forth the full name of each child, if any shall have
the date and place of birth; and the
full name and occupation
of a certificate between the first and
by the practitioner in the form
In case the birth of any child
Commissioner of Health, or should no other person be in
physician or practitioner of midwifery, or should the person or parents of such
month to the office of the Commissioner within the period above required, and
child be delivered, duly signed by the practitioner of midwifery, or should the person or parents of such
every month to the office of the Commissioner of Health, in the manner and within the period above required, and
third day of each and
attendance of a physician or practitioner of midwifery, or should the person or parents of such
shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 39040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 7 — 1892
4. Place of Birth, (Street and Number) 149 Jefferson St.
5. Full Name of Mother, Serine Wilson
6. Mother's Maiden Name, Forman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920001773

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 390 41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 7 92
4. *Place of Birth, (Street and Number)* 812 N. Bond
5. *Full Name of Mother,* Mary B. Price
6. *Mother's Maiden Name,* " Ballistopper
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John S. Price
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonough St

Remarks,

1 8 9 2 0 0 0 1 7 7 4

Wm J C Dulany Co, City Printers and Stationers.

...at a list of the births which have occurred under his or her care during the ... the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter-it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8th 92
4. *Place of Birth, (Street and Number)* 925 Conover St.
5. *Full Name of Mother,* Lizzie J. Jacob
6. *Mother's Maiden Name,* Lizzie J. Willenhausen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. D. Jacob
9. *Father's Occupation,* Foreman Jail & Ft
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 14 Cross Street

Remarks,

1 8 9 2 0 0 0 1 7 7 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-20-57

RETURN OF A BIRTH. 34093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Osterloh

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr 8 1892
4. Place of Birth, (Street and Number) Eutaw St 632
5. Full Name of Mother, Maggie Osterloh
6. Mother's Maiden Name, Gebhardt
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Theodore Osterloh
9. Father's Occupation, Cigar dealer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Catherine Wunder

Address, Harrison Lane Near Franklin St.

Remarks,

8920001776

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 1892
4. Place of Birth, (Street and Number) 639 S. Patterson Park Ave.
5. Full Name of Mother, Barbara Leidler
6. Mother's Maiden Name, Fink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Leidler
9. Father's Occupation, Store-Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Oraft St.

Remarks, 8920001777

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 1892
4. Place of Birth, (Street and Number) 838 E. Pratt St.
5. Full Name of Mother, Lena Elison
6. Mother's Maiden Name, Beerman
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer Elison
9. Father's Occupation, Cap - Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920001778

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 9 " 92
4. Place of Birth, (Street and Number) 45 n Stallman Pl
5. Full Name of Mother, Mrs Maggie Louise Thies
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Thies
9. Father's Occupation, Printer & Publisher
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ullrich

Address, Union Square

Remarks, Instrument 8 9 2 0 0 0 1 7 7 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1892.
4. Place of Birth, (Street and Number) 813 Pennsylvania Avenue.
5. Full Name of Mother, Mary Rehrman
6. Mother's Maiden Name, Mary Frank
7. Mother's Birthplace, Germany
8. Full Name of Father, William Rehrman,
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. T. W. H. Brooks, M.D.

Address, 1111 Madison Avenue

Remarks, 1892 0001780

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39048.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	10 April
4.	*Place of Birth, (Street and Number)*	1645 Hanover St
5.	*Full Name of Mother;*	Kate McLaughlin
6.	*Mother's Maiden Name,*	Kate Casey
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Luke McLaughlin
9.	*Father's Occupation,*	Car Driver
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
	Address,	74 Cross St.
	Remarks,	

1892 MAY 3

1892000178 1

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Joseph Marion Hawkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 10 92
4. Place of Birth, (Street and Number) 607 S Caroy St.
5. Full Name of Mother, Mrs Mary Hawkins
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, John Hawkins
9. Father's Occupation, R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. D. Ullrich

Address, Union Square

Remarks, [redacted] 8 9 2 0 0 0 1 7 8 2

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first case, or the person who shall have attendance upon the mother, immediately thereafter it shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 39030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 10
4.	*Place of Birth, (Street and Number)*	1797 William St
5.	*Full Name of Mother,*	Susan Tipton
6.	*Mother's Maiden Name,*	Coell
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	J. W. Tipton
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Harford Co
	Name of Medical Attendant, or other person who makes this Return,	J. C. Duncan M.D.
	Address,	571 Hanover
	Remarks,	

1 8 9 2 0 0 0 1 7 8 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of making the certificate and the attendance upon the mother immediately thereafter shall devolve upon the midwife. In case the birth of any child hereafter fail to comply with the provisions of this section required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Section. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 39057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 10. 1892.
4. *Place of Birth, (Street and Number)* 82 Washington Road
5. *Full Name of Mother,* Alex Fellers
6. *Mother's Maiden Name,* Alex Feagle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Fellers
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge.

Address, 71 Cross Street

Remarks,

1 8 9 2 0 0 0 1 7 8 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether ~~male~~ or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 10th

4. *Place of Birth, (Street and Number)* 128 Weber st

5. *Full Name of Mother,* Mary Anna Baldwin

6. *Mother's Maiden Name,* " " Denning

7. *Mother's Birthplace,* Lancaire England

8. *Full Name of Father,* John Baldwin

9. *Father's Occupation,* Color maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Mc Cauley

Address, Garrison Lane Near Franklin

Remarks, 18920001785

month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner shall occur without the mother, immediately thereafter it shall be attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth 66

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) c
3. Date of Birth, April 11th 1892
4. Place of Birth, (Street and Number) 113 W. Hennetta St
5. Full Name of Mother, Maria Caroline Heigus
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Heigus
9. Father's Occupation, Lithographer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Cath. Ina Wunder

Address, Garrison Lane Near Franklintt

Remarks,

6 9 2 0 0 0 1 7 8 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 11th 1895
4. *Place of Birth, (Street and Number)*	#1921 Frederick Ave.
5. *Full Name of Mother,*	Rosa Ann Burnsky
6. *Mother's Maiden Name,*	" " Martin.
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Isaac Burnsky
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Anna Lindner
Address,	#106 N. Monroe St.
Remarks,	

1892000 1787

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Apr 11 92
4.	*Place of Birth, (Street and Number)*	1022 W Pratt St
5.	*Full Name of Mother,*	Mrs Katie Jones Holland
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Timothy Holland
9.	*Father's Occupation,*	R. R. Shops
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return.	E. B. Ellington
	Address,	Union Square
	Remarks,	Consumption

8920001788

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner hereinbefore provided, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39086.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11
4. Place of Birth, (Street and Number) N W Cor Charles & Hill St
5. Full Name of Mother, Elizabeth Dietz
6. Mother's Maiden Name, Jaeger
7. Mother's Birthplace, Balto MD
8. Full Name of Father, Adam Sebastian Dietz
9. Father's Occupation, Barber & Dentist
10. Father's Birthplace, Balto MD

Name of Medical Attendant, or other person who makes this Return, Catherine Munder

Address, Garrison Lane Near Franklin St

Remarks,

1 8 9 2 0 0 0 1 7 8 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 39057.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11, 1892.
4. *Place of Birth, (Street and Number)* No. 903 N. Bond St.
5. *Full Name of Mother,* Marie Willack
6. *Mother's Maiden Name,* Marie Vickle.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Edward Willack
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Oberndorf, M.D.

Address, 1741 Hanford ave.

Remarks,

1 8 9 2 0 0 0 1 7 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 12 th / 92
4.	*Place of Birth, (Street and Number)*	# 1729 Mt Henry St.
5.	*Full Name of Mother,*	Mary Fiter.
6.	*Mother's Maiden Name,*	" J. Klass
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	George T. Fiter.
9.	*Father's Occupation,*	Carpenter.
10.	*Father's Birthplace,*	Hillyard Pa
	Name of Medical Attendant, or other person who makes this Return,	Annie Gingrich
	Address,	# 106 S Marcon St.
	Remarks,	

8920001791

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2/17/64

RETURN OF A BIRTH.

A 39089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Flora Wolfrom

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th day of April (64)

4. Place of Birth, (Street and Number) 942 East Ave

5. Full Name of Mother, Emma J. Wolfrom

6. Mother's Maiden Name, Philpot

7. Mother's Birthplace, Jonestown Md.

8. Full Name of Father, Frank P. A. Wolfrom

9. Father's Occupation, Chair Frame Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Nicholas Siersemann

Address, 1925 Hare street

Remarks, 8920001792

ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of or practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, in the manner and within the period above required, and it shall become the duty of the person or persons who shall have the attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 39060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th April
4. Place of Birth, (Street and Number) 812. Addison St.
5. Full Name of Mother, Mary O'Dea
6. Mother's Maiden Name, Mary Gill
7. Mother's Birthplace, Ireland
8. Full Name of Father, Emma Dean
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Zimmerwise

Address, N. 506. N. High St.

Remarks, 8920001793

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the name conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39061.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 12 — 1892
4. Place of Birth, (Street and Number) 1612 Alice Ann St.
5. Full Name of Mother, Bell Loyt
6. Mother's Maiden Name, Winston
7. Mother's Birthplace, Pennsylvanian
8. Full Name of Father, John Loyt
9. Father's Occupation, Hostler
10. Father's Birthplace, Pittsburgh Pa

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 1 8 9 2 0 0 0 1 7 9 4

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ... the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the ... been conferred; its sex, color, the full name and occupation of the ... paid schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 39062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14 1892
4. *Place of Birth, (Street and Number)* 418 S. Bond St.
5. *Full Name of Mother,* Helena Meyers
6. *Mother's Maiden Name,* Bode
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Meyers
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8920001795

Within one month after the birth of any child born in the City of Baltimore, it shall be the duty of the attending physician or midwife, or in case there be no physician or midwife in attendance, then the father, mother, householder or other person having knowledge of the facts, to report to the Commissioner of Health the birth of such child, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	april 14 '92
4. *Place of Birth, (Street and Number)*	2016 Eagle St
5. *Full Name of Mother,*	Mrs Willie Dumby
6. *Mother's Maiden Name,*	" Colburn
7. *Mother's Birthplace,*	Annapolis Md
8. *Full Name of Father,*	Wilson Dumby
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return,	T Cuthbington
Address,	840 W Fayette St
Remarks,	8920001796

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and the occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st
4. Place of Birth, (Street and Number) Balto Md 320 W Lee St.
5. Full Name of Mother, Catherine Hagenguest
6. Mother's Maiden Name, Catherine Hagenguest
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jobay Hagenguest
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Cathrena Maune

Address, Garrison Lane Near Franklin St

Remarks, 8920001797

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	16th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 14
4.	*Place of Birth, (Street and Number)*	137 E. Hughes St
5.	*Full Name of Mother,*	Margaret Corbett
6.	*Mother's Maiden Name,*	" Ryan
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Patrick Corbett
9.	*Father's Occupation,*	Grocer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	J. C. Burow M.D.
	Address,	571 Saumn St
	Remarks,	

1892000 1798

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 14 April - 1892
4. *Place of Birth, (Street and Number)* 513 Shepherd St
5. *Full Name of Mother,* Mary A R Meyer (Bridges)
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Albert F Meyer
8. *Full Name of Father,* Painter
9. *Father's Occupation,* Germany
10. *Father's Birthplace,* Wm A Dalley

Name of Medical Attendant, or other person who makes this Return.

Address, 1004 N Lexington St

Remarks, 1 8 9 2 0 0 0 1 7 9 9

births which have occurred under his or her care during the ... ascertained the full name of each child, (if any shall have ... pation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... th, in the manner and within the period above required, and ... l To comply with the provisions of this section shall be sub- ... o be recovered as other fines and forfeitures are recoverable

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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be inscribed the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14-92
4. *Place of Birth, (Street and Number)* 1909 E. Eager St
5. *Full Name of Mother,* Katie Hagner
6. *Mother's Maiden Name,* " Wentz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas W. Hagner
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 Mc Donogh St

Remarks, 8920001800

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY

RETURN OF A BIRTH. 39068.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 15th
4.	*Place of Birth, (Street and Number)*	1265 Columbia ave
5.	*Full Name of Mother,*	Maggie Kupper
6.	*Mother's Maiden Name,*	" Cauley
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Jno W. Kupper
9.	*Father's Occupation,*	fireman
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return,	J. C. Bunch M.D
	Address,	571 Stiles st
	Remarks,	1892000180 1

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...tue births, which have occurred under his or her care during the ...it shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable ...nse.

RETURN OF A BIRTH. 39069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5- Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 15 A/92
4.	*Place of Birth, (Street and Number)*	# 316 S. Payson st.
5.	*Full Name of Mother,*	Agnes C Lindner
6.	*Mother's Maiden Name,*	" Hammond
7.	*Mother's Birthplace,*	Balto,
8.	*Full Name of Father,*	George J Lindner
9.	*Father's Occupation,*	Harness Maker
10.	*Father's Birthplace,*	Balto,
	Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
	Address,	#106 S. Ellwood Av.
	Remarks,	18920001802

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Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such attendance upon the mother immediately thereafter it shall be the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the

RETURN OF A BIRTH. 39070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	colle
3.	*Date of Birth,*	April 16
4.	*Place of Birth, (Street and Number)*	1744 Hamm st
5.	*Full Name of Mother,*	Ida Wonde
6.	*Mother's Maiden Name,*	11 Morgan
7.	*Mother's Birthplace,*	Alleghany Co
8.	*Full Name of Father,*	Howard Wonde
9.	*Father's Occupation,*	Glassblower
10.	*Father's Birthplace,*	City
	Name of Medical Attendant, or other person who makes this Return,	D. C. Bunch MD
	Address,	571 Hanover st
	Remarks,	1892000180 3

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required, and in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the practice of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 39071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4	
1. *Sex, (state whether male or female)*	Male	
2. *Race or Color, (if not of the white race)*	White	
3. *Date of Birth,*	16 of April	22 Washington Road
4. *Place of Birth, (Street and Number)*	20 Washington Road	
5. *Full Name of Mother,*	Sofia Reuling	
6. *Mother's Maiden Name,*	Keil	
7. *Mother's Birthplace,*	Germany	
8. *Full Name of Father,*	Rudolph Reuling	
9. *Father's Occupation,*	Carpenter	
10. *Father's Birthplace,*	Germany	
Name of Medical Attendant, or other person who makes this Return,	Max Bruge	
Address,	74 Carey Street	
Remarks,	1892000 1804	

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 25 1892

34077

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16th 1892
4. *Place of Birth, (Street and Number)*	108 N Bond ave
5. *Full Name of Mother,*	Mary Bridges Wells
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Gettysburg Pa
8. *Full Name of Father,*	John F Bridges
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler
Address,	2105 Druid Hill Ave
Remarks,	

1892000 1805

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 16th 1892
4. Place of Birth, (Street and Number) 1014 Johnson
5. Full Name of Mother, Kate Morse
6. Mother's Maiden Name, Kate Dougherty
7. Mother's Birthplace, W Va
8. Full Name of Father, Emmett Morse
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Coyle

Address, 914 N. Charles

Remarks,

1 8 9 2 0 0 0 1 8 0 6

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 16 - 1892
4. Place of Birth, (Street and Number) 1620 Thames St.
5. Full Name of Mother, Mary Connely
6. Mother's Maiden Name, Cronin
7. Mother's Birthplace, Washington
8. Full Name of Father, John T. Connely
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

18920001807

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 39076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 11
4.	*Place of Birth, (Street and Number)*	Baltimore St 1022 Saloon
5.	*Full Name of Mother,*	Minnie M. Krill
6.	*Mother's Maiden Name,*	Minnie Schwartz
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Conrad Krill
9.	*Father's Occupation,*	Glass worker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Lange
	Address,	711 Cross Alley
	Remarks,	1892000 1808

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH.

39076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 189

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 17-92
4. Place of Birth, (Street and Number)	1433 E. Eager
5. Full Name of Mother,	Mary J Davis
6. Mother's Maiden Name,	" J " Nichol
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Chas H. Davis
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	912 N. Donough St
Remarks,	1892000 1809

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RETURN OF A BIRTH A 39077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	17 April
4. *Place of Birth, (Street and Number)*	300 Bartlett st
5. *Full Name of Mother,*	Catherine E Lusby
6. *Mother's Maiden Name,*	Catherine E McCarron
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Chas. Wm Lusby
9. *Father's Occupation,*	Iron Worker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mary Bowden
Address,	806 S Paca St
Remarks,	1892000181 0
	806 S Paca St

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 39078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18. April
4. Place of Birth, (Street and Number) Hare street 1235.
5. Full Name of Mother, Johana Paszetska.
6. Mother's Maiden Name, Zätzsch.
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Paszetski
9. Father's Occupation, Sabrer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann

Address, 1225 Hare Strt.

Remarks,

1 8 9 2 0 0 0 1 8 1 1

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...months, but shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 1892
4. Place of Birth, (Street and Number) 2892 Elliott st
5. Full Name of Mother, Mrs Maggie Kelly
6. Mother's Maiden Name, Maggie Hawkins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Kelly
9. Father's Occupation, Iron Worker
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Miss P. Fiersmann.

Address, 1225 Hare street.

Remarks, 8920001812

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 39080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child male

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 15th 1892
4. *Place of Birth, (Street and Number)* 2120 West Lyell St
5. *Full Name of Mother,* Mary Costello
6. *Mother's Maiden Name,* Mary Ready
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John F Costello
9. *Father's Occupation,* Sexton St Martins Church
10. *Father's Birthplace,* County Galway Ireland

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, X 106 S. Mauro St.

Remarks, 8 9 2 0 0 0 1 8 1 3

Each and every birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the full name and occupation of its parents, the date and place between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 39081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) G
2. Race or Color, (if not of the white race) W
3. Date of Birth, 18 April 1892
4. Place of Birth, (Street and Number) 321
5. Full Name of Mother, C Hartman
6. Mother's Maiden Name, C Rettinger
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Hartman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M L Lidy

Address, 1004 Hollins for St.

Remarks, 18920001814

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 19
4. Place of Birth, (Street and Number) 1855 Pratt St.
5. Full Name of Mother, Mrs Mary Elizabeth Mezger
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Mezger
9. Father's Occupation, Shoemaker Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. E. Ulrich

Address, Union Square

Remarks, Cong. Pyemia Feb 20 Aug 4 Hours Pulse Tension

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Record. This Schedule shall contain a list of the births which have occurred, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19
4. Place of Birth, (Street and Number) 626 E. Fenton Ave.
5. Full Name of Mother, Mrs. Louise Bessie Bindewald
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Bindewald
9. Father's Occupation, Roofer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ullmyer
Address, Union Bridge

Remarks, 8 9 2 0 0 0 1 8 1 6

month, and shall set forth as far as the same can be ascertained ... which have occurred under his or her care during the ... ertained the full name of each child, if any shall have ... n of its parents, the date and place of birth; and the ... oner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in ... to the office of the Commissioner of ... third day of each and every month to a physician or practitioner ... shall occur without the attendance of a physician or practitioner ... shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall become ... Child to report its birth to the Commissioner of Health, in the manner ... and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19.
4. Place of Birth, (Street and Number) S. Castel Street 407.
5. Full Name of Mother, Jenny Kreg
6. Mother's Maiden Name, Jenny Costa
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, William Kreg.
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1914 Eastern Ave. City

Remarks,

8920001817

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19 3.22 P m
4. Place of Birth, (Street and Number) 1111 Canton st Canton MD
5. Full Name of Mother, Kate Smith
6. Mother's Maiden Name, Hartenick
7. Mother's Birthplace, Balto City
8. Full Name of Father, Harry Englert Smith
9. Father's Occupation, engineer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Wm P. Licrae m.d.

Address, 1225 Hare street.

Remarks, 8920001818

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39086.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	male William Earl Clark
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 19, 92
4.	*Place of Birth, (Street and Number)*	419 N Paca St
5.	*Full Name of Mother,*	Mid Mary L Clark
6.	*Mother's Maiden Name,*	" " Elmer
7.	*Mother's Birthplace,*	Va
8.	*Full Name of Father,*	Wm Thos Clark
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	J C Worthington
	Address,	840 W Fayette
	Remarks,	1892 0001819

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A-39087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-39087½

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	(1st) April 19th — (2nd) April 20 1892
4. *Place of Birth, (Street and Number)*	2107 Division St
5. *Full Name of Mother,*	Cora Martin
6. *Mother's Maiden Name,*	Coates
7. *Mother's Birthplace,*	Dorchester Co Md
8. *Full Name of Father,*	Andrew Martin
9. *Father's Occupation,*	R R Brakeman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas Chatter
Address,	2105 Division St
Remarks,	

1892000 1820

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 19th 1892
4. *Place of Birth, (Street and Number)* 453 Glen Edwards Ave
5. *Full Name of Mother,* Anna Hamelton
6. *Mother's Maiden Name,* Anna Smallwood
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm H Hamelton
9. *Father's Occupation,* Rail Road man
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C H Everhart M.D.

Address, 213 W Hamburg Ave

Remarks, 1892 0001821

WM J C DULANY CO CITY PRINTERS AND STATIONERS

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of the parents, the date and place of birth of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 39089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 19 1892
4. *Place of Birth, (Street and Number)* 536 S. Eutaw St.
5. *Full Name of Mother,* Mary E. Elder
6. *Mother's Maiden Name,* Mary E. Rehling
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm P. Elder
9. *Father's Occupation,* Machinist.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. J. Miller M.D.

Address, 227 N. Monument St

Remarks,

1892000822

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21 1892
4. Place of Birth, (Street and Number) 6 S. Caroline St.
5. Full Name of Mother, Louise Heemann
6. Mother's Maiden Name, Kalkhof
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Heemann
9. Father's Occupation, Unter Tafer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Oath St.

Remarks, 18920001823

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9"
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 21" 99.
4. *Place of Birth, (Street and Number)*	1816 W Lombard St.
5. *Full Name of Mother,*	Elizzabeth Tribull
6. *Mother's Maiden Name,*	" Kuchstein
7. *Mother's Birthplace,*	Shrewsbury Pa.
8. *Full Name of Father,*	Kinhold Tribull
9. *Father's Occupation,*	Hair worker
10. *Father's Birthplace,*	Prussia Germania
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	1892000 1824

WM J C BULANY CO CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 5-19-20

RETURN OF A BIRTH.

(C) 39097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	William Joseph Ritter
1. Sex, (state whether male or female)	Youth Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 21 92
4. Place of Birth, (Street and Number)	2030 E. Biddle
5. Full Name of Mother,	Johanna ~~Lippe~~ Ritter
6. Mother's Maiden Name,	" Miller
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John W. ~~Biddle~~ Ritter
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	1892000 1825

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 39093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 22nd
4. Place of Birth, (Street and Number) Baltimore st Peter street No 851
5. Full Name of Mother, Hattie Todd
6. Mother's Maiden Name, Hattie Gebhart
7. Mother's Birthplace, Robert Todd
8. Full Name of Father, Germany
9. Father's Occupation, Collecter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer

Address, 1136 W. Hamburg st

Remarks, 8920001826

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, or should no other person be in attendance upon the mother, immediately of such birth, the duty of the person or parents of such third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

39094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 22nd 92
4. *Place of Birth, (Street and Number)*	#1138 Bank St
5. *Full Name of Mother,*	Mary A. Schwabenberg
6. *Mother's Maiden Name,*	" " Curran
7. *Mother's Birthplace,*	Eldridge Landing
8. *Full Name of Father,*	George O. Schwabenberg
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Conroe St.
Remarks,	18920001827

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the principal officer in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-1-60

RETURN OF A BIRTH. 39096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Leo Weatherall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) W
3. Date of Birth, April the 22nd 1892
4. Place of Birth, (Street and Number) 126 N Schroder St.
5. Full Name of Mother, Alice Weatherall
6. Mother's Maiden Name, Hayes
7. Mother's Birthplace, City
8. Full Name of Father, Thomas F Weatherall
9. Father's Occupation, Miner
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, M Leddy

Address, 1007 W Lexington St.

Remarks,

1892000 1828

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 4-3-57 34046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Francis ~~Wooden~~ Wooden, Jr

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 22-92
4. Place of Birth, (Street and Number) 1016 Hanewood Ave
5. Full Name of Mother, Mary E Wooden
6. Mother's Maiden Name, " " May
7. Mother's Birthplace, Balto
8. Full Name of Father, Stephen H. Wooden
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 Mc Donogh St

Remarks,

1 8 9 2 0 0 0 1 8 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39097.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1892
4. Place of Birth, (Street and Number) E. Bradford Str. 117
5. Full Name of Mother, Kathe Rietger
6. Mother's Maiden Name, " Pitzer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Rietger
9. Father's Occupation, Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

1 8 9 2 0 0 0 1 8 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 34098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st April 1892
4. Place of Birth, (Street and Number) N. Gay St. 346
5. Full Name of Mother, Telly Mahone
6. Mother's Maiden Name, " Cook
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Mahone
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

1 8 9 2 0 0 0 1 8 3 1

Wm J C. Dulany Co., City Printers and Stationers.

Every physician or midwife, or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, report the same to the Commissioner of Health, as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. 39099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIIt

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd April 1892
4. Place of Birth, (Street and Number) Fairmount Ave. 1919
5. Full Name of Mother, Mary Fisher
6. Mother's Maiden Name, a Arnold
7. Mother's Birthplace, Balto.
8. Full Name of Father, Phillipp Fisher
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Devienhofer

Address, 1706 Eastern Ave.

Remarks, 1892000832

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subscriptions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-22-56

RETURN OF A BIRTH.

39100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Francis Thomas Deuerling III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd April 1892
4. Place of Birth, (Street and Number) 1. Madeira Alley 205
5. Full Name of Mother, ~~Lizzie Deiling~~ Elizabeth Deuerling
6. Mother's Maiden Name, " ~~Hertzler~~ Hertzler
7. Mother's Birthplace, Balto.
8. Full Name of Father, John ~~Deiling~~ Deuerling
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1916 Eastern Ave.

Remarks, 18920001833

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

3/01

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 3-92
4. Place of Birth (Street and Number),	# 1006 Hanover st
5. Full Name of Mother,	Mamie Turner
6. Mother's Maiden Name,	Mamie Harrison
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Harrison T. Turner
9. Father's Occupation,	Machinist
10. Father's Birthplace.	Maryland
Name of Medical Attendant, or other person who makes this Return.	Charles W. Pfeffer M.D.
Address,	# E. E. Montgomery st
Remarks,	

1 8 9 2 0 0 0 1 8 3 4

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject and liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 12-12-52 A 3910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Elizabeth McCluskey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1892
4. Place of Birth, (Street and Number) 213 Hanford st
5. Full Name of Mother, Annie McCluskey
6. Mother's Maiden Name, Annie Healey
7. Mother's Birthplace, Virginia
8. Full Name of Father, Michael McCluskey
9. Father's Occupation, City Street Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Peery MD

Address, 700 E Lanvale St

Remarks,

8920001835

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~White~~, Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5/92 ~~1509 Clifton St~~
4. Place of Birth, (Street and Number) 1509 Clifton St
5. Full Name of Mother, Martha White
6. Mother's Maiden Name, Martha Schuptel
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Henry White
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Polo

Address, 2038 Madison ave

Remarks, 8 9 2 0 0 0 1 8 3 6

The Health Officer shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

39107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 6 1892.
4. *Place of Birth, (Street and Number)*	107 East Lemon St.
5. *Full Name of Mother,*	Eleanora Corns.
6. *Mother's Maiden Name,*	Clarke
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Amanias Corns.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Cherlemt ave.
Remarks,	

1892000 1837

Health. This schedule shall contain a list of the births which have occurred in the family of the Commissioner of Health, his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the proper third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3905.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th April 1892
4. Place of Birth, (Street and Number) E. Lombard Str. 1616
5. Full Name of Mother, Ida Appel
6. Mother's Maiden Name, " Behrendt
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhardt Appel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 18920001838

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the first case, or by the person making the return in the following cases, to the office of the Commissioner of Health, within ten days. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

3406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6/92
4. Place of Birth, (Street and Number) 1762 Crystal ave N Place
5. Full Name of Mother, Sophie
6. Mother's Maiden Name, Sophia Bundler
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, Geo. Hastings
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Mitnick, M.D.

Address, 406 N Exeter St.

Remarks,

1892000 1839

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A-39106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, [redacted]

MAY 4 1898

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ST.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) [redacted]
3. Date of Birth, April 9th
4. Place of Birth, (Street and Number) Nr 11 W. Camden
5. Full Name of Mother, Margaret Gever,
6. Mother's Maiden Name, Byrow
7. Mother's Birthplace, Balto Cty.
8. Full Name of Father, John Gever,
9. Father's Occupation, Tailor,
10. Father's Birthplace, Balto Cty.

Name of Medical Attendant, or other person who makes this Return, [redacted]

[redacted] No. 721 Columbia Ave

1 6 9 2 0 0 0 4 8 8 0

A-39107

RETURN OF A BIR

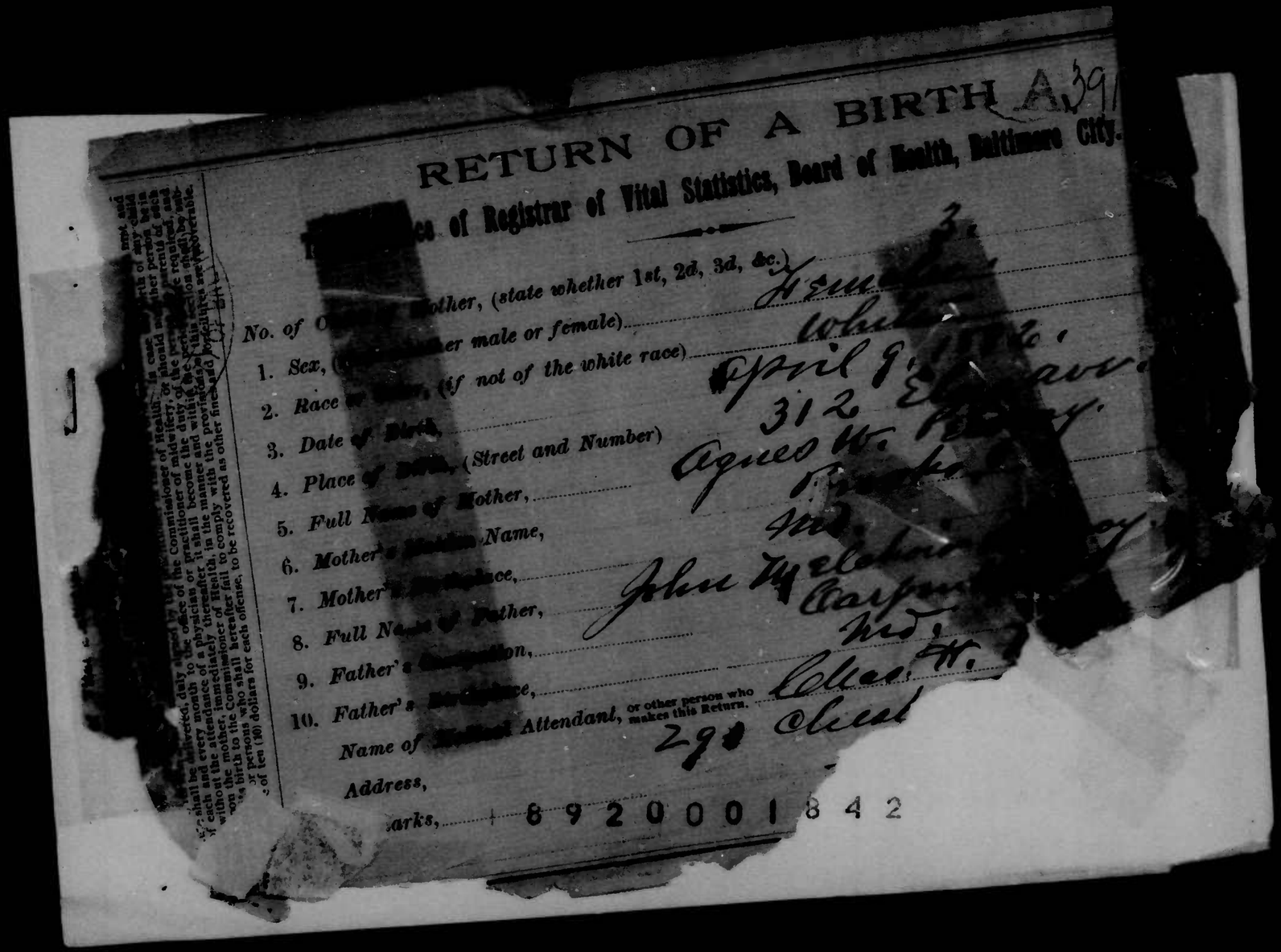
To the Office of Registrar of Vital Statistics, Board of Health,

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (If not of the white race) White
3. Date of Birth, April 8 / 1892
4. Place of Birth, (Street and Number) Irving Pl
5. Full Name of Mother, Ida Smith
6. Mother's Maiden Name, Ida Crim
7. Mother's Birthplace, 1892 00 18 Balto
8. Full Name of Father, Robert Sm
9. Father's Occupation, Carpent
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Jno

Address, 18



RETURN OF A BIRTH A 39

...ces of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of C... Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (... either male or female) White

2. Race ... (if not of the white race)

3. Date of Birth, April 9, 1906.

4. Place of Birth, (Street and Number) 312 E... Ave.

5. Full Name of Mother, Agnes W. ...

6. Mother's Maiden Name, ...

7. Mother's Residence, ...

8. Full Name of Father, John M...

9. Father's Occupation, Carpenter

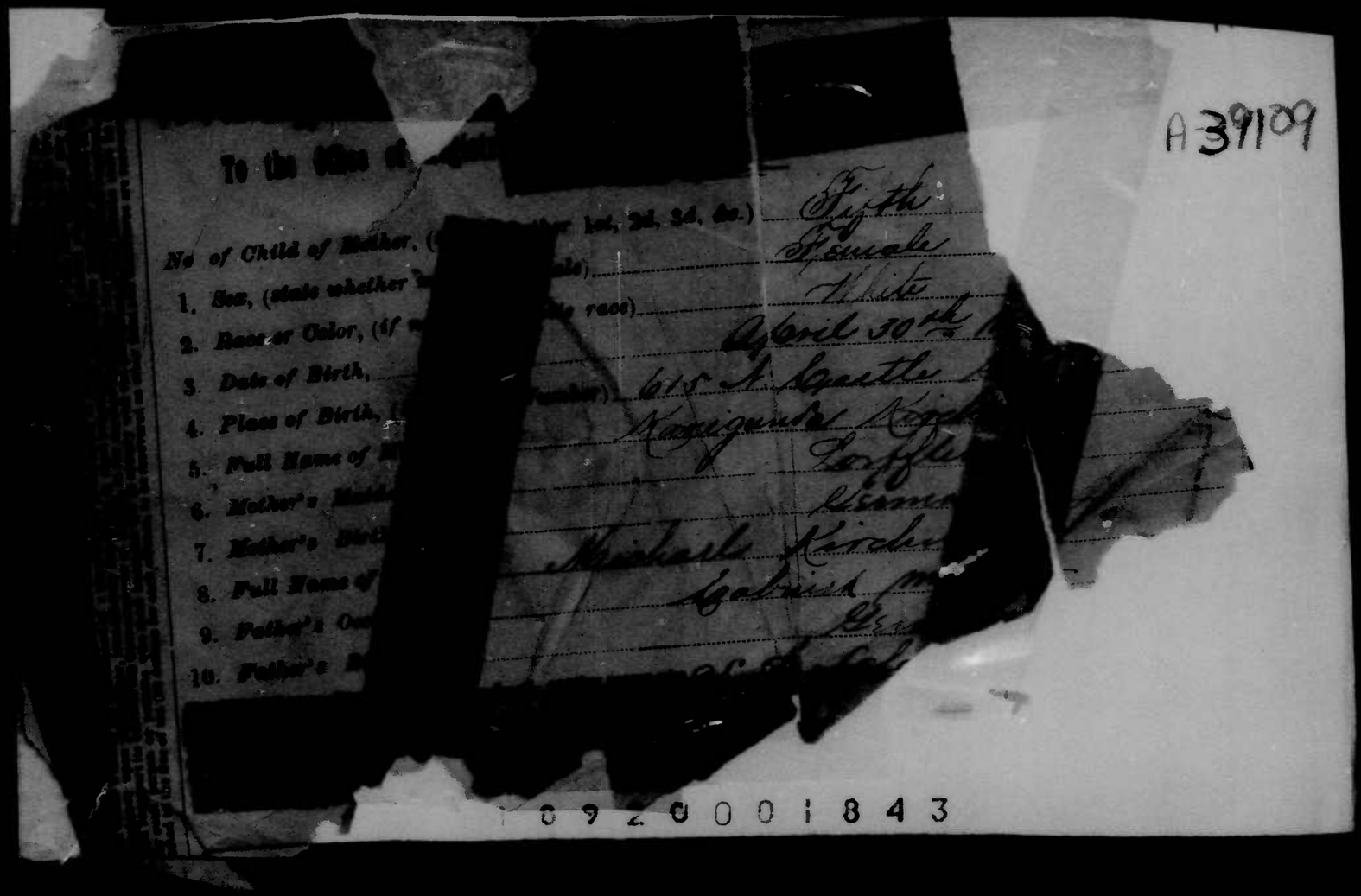
10. Father's Residence, ...

Name of Medical Attendant, or other person who makes this Return. Ellen W. ...

Address, 290 Lloyd

Remarks, 8 9 2 0 0 0 1 8 4 2

...shall be delivered, daily, at the office of the Commissioner of Health, in case ... Sth of any such ... should ... other person, such ... parents or ... required, and ... each and every month to a physician or practitioner of midwifery, of the ... shall become the duty of the ... without the mother, immediately thereafter, in the manner and within the ... on the mother, the Commissioner of Health to comply with the provisions ... birth to the Commissioner hereafter fail to be recovered as other fines ... or persons who shall ... of ten (10) dollars for each offense, to be recovered as other fines ...


A 39109
Fifth
Female
White
April 30th
615 S. Seattle
Kanagawa Ken
Japan
Michael Kinder
Gabriel
0 9 2 0 0 0 1 8 4 3

RETURN OF A BIRTH. A 39110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 9/1892
4. Place of Birth, (Street and Number)	821 Chesapeake St
5. Full Name of Mother,	Sobfelie Tricsler
6. Mother's Maiden Name,	Sobfelie Wagner
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Christian Geo Tricsler
9. Father's Occupation,	Insurance Agt
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Dansenberger
Address,	1806 Eastern Ave
Remarks,	1892000 1844

CITY REGISTRAR 1892

and shall set forth as far as the same can be ascertained, the full name and occupation of parents, the date and place of birth, color, the full name and occupation of parents, the date and place of birth, color, the full name and occupation of parents, the date and place of birth, color

RETURN OF A BIRTH 39111.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	April 9, 1896.
4. Place of Birth, (Street and Number)	318 Lycaumon st.
5. Full Name of Mother,	Annie Louisa Bartlett.
6. Mother's Maiden Name,	Bounds.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Daniel Smith Bartlett.
9. Father's Occupation,	Moulder.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1892000 1845

The register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, if it shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 9/92
4.	*Place of Birth, (Street and Number)*	2534 Madison av
5.	*Full Name of Mother,*	Mary Farmer
6.	*Mother's Maiden Name,*	Mary Taylor
7.	*Mother's Birthplace,*	N. C.
8.	*Full Name of Father,*	Wesley S. Farmer
9.	*Father's Occupation,*	merchant
10.	*Father's Birthplace,*	Ohio
	Name of Medical Attendant, or other person who makes this Return.	A. C. Pole
	Address,	2038 Madison av
	Remarks,	8920001846

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th April 1892
4. *Place of Birth, (Street and Number)*	1113 Riverside Ave
5. *Full Name of Mother,*	Elizabeth Schien
6. *Mother's Maiden Name,*	Lawton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Schien
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Gerwell
Address,	436 E Fort Ave
Remarks,	8920001847

MAY 18

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8-31-56

A 23914

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada Estella Houck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 10, 1912.
4. Place of Birth, (Street and Number) 340 Elm ave.
5. Full Name of Mother, Ida Bell Houck.
6. Mother's Maiden Name, Hale.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Henry Houck.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. W. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 18920001848

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained from the parents, the name and place of birth and the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of the birth of any child been conferred) its sex, color, the practitioner in which he is. In case no other person or parents of such third day of each and every month to the office of the Commissioner of midwifery, or should the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become and within the above required, and attendance upon the mother, immediately thereafter it shall be the manner and provisions of section, shall be child to report its birth to the Commissioner of Health, in the penalties and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 39/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2
	Sex, (state whether male or female)	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 18th 10 18-92
4.	*Place of Birth, (Street and Number)*	Parish st 325
5.	*Full Name of Mother,*	Louisa Nowig
6.	*Mother's Maiden Name,*	Louisa Cramer
7.	*Mother's Birthplace,*	germany
8.	*Full Name of Father,*	Adam Nowig
9.	*Father's Occupation,*	harnis maker
10.	*Father's Birthplace,*	germany
	Name of Medical Attendant, or other person who makes this Return,	Miss S Kelley
	Address,	No 19-22 Williams Ave
	Remarks,	8920001849

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRY 1892

FILM

RETURN OF A BIRTH 39116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	April 10, 1892.
4. Place of Birth, (Street and Number)	504 Gall Road.
5. Full Name of Mother,	Rosa Crowe.
6. Mother's Maiden Name,	O'Neill.
7. Mother's Birthplace,	Ind.
8. Full Name of Father,	William J. Crowe.
9. Father's Occupation,	Police Officer.
10. Father's Birthplace,	At Sea
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Whitehill M.D.
Address,	291 Chestnut-ave.
Remarks,	

1892000001850

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRAR'S OFFICE 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

3917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	10th April 1899
4. *Place of Birth, (Street and Number)*	284 Warren Ave
5. *Full Name of Mother,*	Florence M Andrews
6. *Mother's Maiden Name,*	Danehew
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Andrews
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yerrell
Address,	436 E Fort Ave
Remarks,	8920001851

MAR 28 1899

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 11 1892

4. Place of Birth, (Street and Number) 418 S Ann St

5. Full Name of Mother, Mary Beck

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Beck

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Dr Sarah Leps

Address, 1860 Eastern Ave

Remarks, 1892 1860 Eastern Ave 52

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~white~~ or ~~not of~~ the white race)
3. Date of Birth, April 11th 9.35 P.M. 1892
4. Place of Birth, (Street and Number) South Cottage Dolfield Ave.
5. Full Name of Mother, Hester Hannah Gaddis
6. Mother's Maiden Name, Hester B. Hannah
7. Mother's Birthplace, Baltimore Md. U. S. A.
8. Full Name of Father, Allen K. Gaddis
9. Father's Occupation, Dairyman
10. Father's Birthplace, Fayette Co. Pa.

Name of Medical Attendant, or other person who makes this Return. Eben D. Cross

Address,

Remarks,

1892 0001853

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Boy
1. Sex, (state whether male or female)	White
2. Race or Color, (if not of the white race)	April 13 1892
3. Date of Birth,	S. Castle 30
4. Place of Birth, (Street and Number)	Eva Eiring
5. Full Name of Mother,	" Harold
6. Mother's Maiden Name,	Balto
7. Mother's Birthplace,	Henry Eiring
8. Full Name of Father,	Cooper
9. Father's Occupation,	Balto
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Mrs Dr Smith
Address,	
Remarks,	8920 8934

MAY 1892

CITY REGISTRAR

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 th April 1892
4. *Place of Birth, (Street and Number)*	6 McCauleys Court
5. *Full Name of Mother,*	Mary Sunderland
6. *Mother's Maiden Name,*	Hodges
7. *Mother's Birthplace,*	Prince George Co Md
8. *Full Name of Father,*	John Sunderland
9. *Father's Occupation,*	waterman
10. *Father's Birthplace,*	Prince George Co
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	436 E Fort ave
Remarks,	8920001855

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39/W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VI
1. *Sex, (state whether male or female)*	Fml
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13/1892
4. *Place of Birth, (Street and Number)*	264 S. Chester St
5. *Full Name of Mother,*	Louisa Smith
6. *Mother's Maiden Name,*	" Hurty
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo Smith
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs Dreschler
Remarks,	1892 June 13 Boy

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, of midwife or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

H. R. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH

A 39173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED MAY 1892 REGISTRAR'S OFFICE BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13 1892

4. Place of Birth, (Street and Number) 881 Calvaston road

5. Full Name of Mother, Caroline Dobbin

6. Mother's Maiden Name, Purzey

7. Mother's Birthplace, Balto Co Md

8. Full Name of Father, John Dobbin

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto. Co

Name of Medical Attendant, or other person who makes this Return. M. H. Carter M.D.

Address, 1800 W. Balto St.

Remarks, 1892000857

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

cert. Corr. 4-13-56

RETURN OF A BIRTH.

391 M

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Markins

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 13 - 18-92
4. *Place of Birth, (Street and Number)*	Cayson St 3:27
5. *Full Name of Mother,*	Callissa A Markins (Jeffers)
6. *Mother's Maiden Name,*	Callissa A [illegible]
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles A Markins
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	N 19-22 Wilkins Ave
Remarks,	8920001858

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 39125.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	13th April 1892
4. *Place of Birth, (Street and Number)*	422 E Pont ave
5. *Full Name of Mother,*	Amanda Hicks
6. *Mother's Maiden Name,*	Jacobs
7. *Mother's Birthplace,*	Thomaston Ga
8. *Full Name of Father,*	George Hicks
9. *Father's Occupation,*	B O R R
10. *Father's Birthplace,*	Alexandria Va
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yewell
Address,	436 E Pont ave
Remarks,	1892000 1859

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 39126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 1892

No. *Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 14, 1892.
4. *Place of Birth, (Street and Number)*	105 Elm ave.
5. *Full Name of Mother,*	Josephine Brooks
6. *Mother's Maiden Name,*	Dix.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	George Brooks.
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Nicholl M.D.
Address,	291 Chestnut ave.
Remarks,	Returned as stillborn.

8920001860

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 13 1892
5. Place of Birth, (Street and Number) 224 S. Regester
6. Full Name of Mother, Maggie Karl
7. Mother's Maiden Name, Maggie Mcmackin
8. Mother's Birthplace, Baltimore Karl
9. Full Name of Father, Geo Karl
10. Father's Occupation, Blacksmith
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return, Mrs Dr Sulzby
13. Address, 806 Eastern Ave
14. Remarks,

6 9 2 0 0 0 1 8 6 1

Wm J C. Dulany Co., City Printers and Stationers.

MAY 12 1892 HEALTH DEPT.

...child, if any shall have been conferred) its sex, color, the full name of each child, if any, and the said days when the mother, Commissioners hereafter to be recovered as other fines are recoverable.

A 39178.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 4 1892 CITY OF BALTIMORE HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1 1892
4. Place of Birth, (Street and Number) 1613 Eastern Ave
5. Full Name of Mother, Maggie Reisner
6. Mother's Maiden Name, " Gleismann
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Reisner
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Dennelson

Address,

Remarks, 8 9 2886 Eastern Ave

Wm J C. Dulany Co., City Printers and Stationers.

The Name, Sex, Color, Date and Place of Birth, as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	111
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 13th 1892
4.	*Place of Birth, (Street and Number)*	Pleasant Alley 200 ±
5.	*Full Name of Mother,*	Katie Rathgeber
6.	*Mother's Maiden Name,*	" Friedrich
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	William Friedrich
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	1118 Druid Pl
	Remarks,	8 9 2 8 8 6 6 4 8 6 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 34130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 14 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1111
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15 1892
4. Place of Birth, (Street and Number)	502 S. Dyckman St
5. Full Name of Mother,	Lena Fritsche
6. Mother's Maiden Name,	" Heinmann
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Fritsche
9. Father's Occupation,	Stevedore
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs Dasenbaja
Remarks,	8 9 2 0 0 0 1 0 6 8 & 4 twin

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 39131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 15-92
4. Place of Birth (Street and Number),	# L. Paca
5. Full Name of Mother,	Ladie Crosnell
6. Mother's Maiden Name,	Ladie White
7. Mother's Birthplace,	Philadelphia Pa "
8. Full Name of Father,	Ralph Crosnell
9. Father's Occupation,	Painter
10. Father's Birthplace,	Pa "
Name of Medical Attendant, or other person who makes this Return.	Charles W. Pfeffer M.D.
Address,	# E. Montgomery St
Remarks,	

1 8 9 2 0 0 0 1 8 6 5

and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate both at the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 15, 1892.
4. Place of Birth, (Street and Number) 15 Mt. Vernon Place
5. Full Name of Mother, Edith Gittings Reid
6. Mother's Maiden Name, Edith Gittings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Fielding Reid.
9. Father's Occupation, Professor of Physics
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 903 N. Charles St. Baltimore

Remarks,

1 8 9 2 0 0 0 1 8 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 1892

GEO. J. C. GULANY & SON, CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH. A 39132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male George Willard Goodling
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 16th 1894
4.	*Place of Birth, (Street and Number)*	711 E Biddle St
5.	*Full Name of Mother,*	Mary M. Goodling
6.	*Mother's Maiden Name,*	" " Feree
7.	*Mother's Birthplace,*	York Co Pa
8.	*Full Name of Father,*	Wm G. Goodling
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	York Co Pa
	Name of Medical Attendant, or other person who makes this Return,	W B Kemp MD
	Address,	700 E Chase St
	Remarks,	

1892000 1867

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health within ten days after the occurrence thereof, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39134.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16 1892
4. Place of Birth, (Street and Number) 2027 Fountain Sts
5. Full Name of Mother, Kate Winkelman
6. Mother's Maiden Name, " Schlenk
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Winkelman
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Driscoll

Address, 804 Eastern Ave

Remarks, 1892 0 0 1 8 6 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIII
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18/1892
4. *Place of Birth, (Street and Number)*	623 S. Broadway
5. *Full Name of Mother,*	Caroline Mardosky
6. *Mother's Maiden Name,*	" Mathes
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alex Mardosky
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Dasnoff
Address,	
Remarks,	1892 0/806 Eastern Ave

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Obstetric, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 39136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 19, 1892.
4. *Place of Birth, (Street and Number)*	828 Lexington ave.
5. *Full Name of Mother,*	Laura Elizabeth Knaut.
6. *Mother's Maiden Name,*	Ebbinger
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Millard B. Knaut.
9. *Father's Occupation,*	Railroader.
10. *Father's Birthplace,*	Ind.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1892000187 0

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, to the office of the Commissioner of Health, on the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	21st April 1892
4. *Place of Birth, (Street and Number)*	449 Clement St
5. *Full Name of Mother,*	Elizabeth Crispins
6. *Mother's Maiden Name,*	Ketje
7. *Mother's Birthplace,*	Parkersburg Va
8. *Full Name of Father,*	William Crispins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jarrell
Address,	736 E Fort Ave
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 2 1892

Wm J C. Dulany Co., City Printers and Stationers.

8920001871

RETURN OF A BIRTH. 39138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1892
4. Place of Birth, (Street and Number) 1332 Hillman St.
5. Full Name of Mother, Alverda Campbell
6. Mother's Maiden Name, " Randall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nelson Campbell
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr R Perry 2nd

Address, 1112 E. Chase St.

Remarks,

1892000187 2

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 39139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Apr. 22
4. Place of Birth (Street and Number), Homestead,
5. Full Name of Mother, Miriam Gilman Todd,
6. Mother's Maiden Name, Miriam Gilman,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Henry Alfred Todd,
9. Father's Occupation, Professor of Languages
10. Father's Birthplace, Chicago

Name of Medical Attendant, or other person who makes this Return. Nellie I. Mark, M.D.

Address, 917 Madison Ave.

Remarks,

1 8 9 2 0 0 0 1 8 7 3

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying the house in which the birth of such child occurs to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers.

Over

RETURN OF A BIRTH

No. 34140

1800 W. BALTIMORE ST.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child – Fernandas B. Eunick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1892
4. Place of Birth, (Street and Number) 1430 N. Fulton ave
5. Full Name of Mother, Lillie Eunick
6. Mother's Maiden Name, Bonsall
7. Mother's Birthplace, Md
8. Full Name of Father, Chas Eunick
9. Father's Occupation, Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M St Carter

Address, 1800 W. Balto St.

Remarks,

1892000 1874

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, he should do other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. G. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 d April 1892
4. Place of Birth, (Street and Number) S. Durham St. 25
5. Full Name of Mother, Rerena Bauernfeind
6. Mother's Maiden Name, Peters
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Bauernfeind
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisendorf

Address, 1106 Eastern Ave

Remarks, 18920001875

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

39472

RETURN OF A BIRTH

M. H. CARTER, M. D.
1809 W. BALTIMORE ST.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23rd 1892
4. Place of Birth, (Street and Number) 34 N. Fulton Ave
5. Full Name of Mother, Mrs Arnold Neidhammer
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Hermann Arnold
8. Full Name of Father, Clk. ~~Baltimore~~ Baltimore
9. Father's Occupation, Baltimore
10. Father's Birthplace, M St Carlin M D

Name of Medical Attendant, or other person who makes this Return.

Address, 1800 W Balto St.

Remarks, 6920001876

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Physician shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the been scheduled shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or in case the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1900.
4. Place of Birth, (Street and Number) 209 Barclay St.
5. Full Name of Mother, Sarah L. Boyd.
6. Mother's Maiden Name, " Bartlett.
7. Mother's Birthplace, Bucks Co Pa.
8. Full Name of Father, Carl L. Boyd.
9. Father's Occupation, Lawyer.
10. Father's Birthplace, Washington DC.

Name of Medical Attendant, or other person who makes this Return, W H Perry M.D.

Address, 1 E. Chase St.

Remarks, 8920001877

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The Physician or Midwife who shall attend upon any birth which shall occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 23/1892
4.	*Place of Birth, (Street and Number)*	145 N. Wolfe
5.	*Full Name of Mother,*	Bertha Rieger
6.	*Mother's Maiden Name,*	" Bromann
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Joshua Rieger
9.	*Father's Occupation,*	Barber
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Dressel
	Address,	Eastern Ave
	Remarks,	8920

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-1-55

RETURN OF A BIRTH. 34145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 23-92
4. Place of Birth, (Street and Number)	2114 E. Monument
5. Full Name of Mother,	Mary C. Thiess
6. Mother's Maiden Name,	" - Leaphardt
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Lambert H. Thiess
9. Father's Occupation,	Barber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	18920001879

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~) White

2. Race or Color, (if not of the white race)

3. Date of Birth, April 23 1892

4. Place of Birth, (Street and Number) # 419 Hanover St Baltimore Md

5. Full Name of Mother, Mrs. E. J. E. Hofmann

6. Mother's Maiden Name, Miss E. J. E. Reinhardt

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mr. Henry Hofmann

9. Father's Occupation, Butter & Olive Oiler

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Mundy

Address, Garrison Lane Near Franklin St

Remarks, 1892 0001880

CITY OF BALTIMORE 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1892
4. *Place of Birth, (Street and Number)* 735 Cumberland Stt.
5. *Full Name of Mother,* Hannah Botzon
6. *Mother's Maiden Name,* Hannah Kempdke
7. *Mother's Birthplace,* Lochau Germaney.
8. *Full Name of Father,* August Botzon
9. *Father's Occupation,* Faber
10. *Father's Birthplace,* Germaney.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary E Shockney

Remarks, 731 Cumberland St

6.92000188 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	29 th of April
4.	*Place of Birth, (Street and Number)*	No 804 Columbia ave Balto
5.	*Full Name of Mother,*	Emelia Elaton
6.	*Mother's Maiden Name,*	Emelia Moog
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Willam A Elaton
9.	*Father's Occupation,*	Engineer
10.	*Father's Birthplace,*	East Tennessee
	Name of Medical Attendant, or other person who makes this Return,	Mrs Yeargin
	Address,	[illegible] st.
	Remarks,	8920001882

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the given name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 23. 1912
4. *Place of Birth, (Street and Number)*	S. Washington St 323.
5. *Full Name of Mother,*	Annie Fantan
6. *Mother's Maiden Name,*	Annie Eglestorn
7. *Mother's Birthplace,*	Baltimore md.
8. *Full Name of Father,*	John Fantan
9. *Father's Occupation,*	mariner
10. *Father's Birthplace,*	New York.
Name of Medical Attendant, or other person who makes this Return.	Ellen Smith
Address,	1913. Eastern ave City.
Remarks,	

8920001883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 23-92
4. *Place of Birth, (Street and Number)*	12 E. Twenty Fourth St
5. *Full Name of Mother,*	Annie M. Tyler
6. *Mother's Maiden Name,*	" " Lindeman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	G. M. D. Tyler
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	1 8 9 2 0 0 0 1 8 8 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth (6)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 1892

4. Place of Birth, (Street and Number) 1402 W. Lexington st

5. Full Name of Mother, Elizabeth Junio Manbold

6. Mother's Maiden Name, Baltimore Md.

7. Mother's Birthplace, Louis H. Jung

8. Full Name of Father, Barber

9. Father's Occupation, Germany

10. Father's Birthplace, Susan Richardson

Name of Medical Attendant, or other person who makes this Return, 23 E. Pappelton St

Address,

Remarks, 18920001885

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall be delivered to some other person of such shall occur without the attendance of a physician or practitioner of midwifery, or shall become the duty of the person or parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 34107

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

MAY 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 24th
4. Place of Birth, (Street and Number) 450 East Ave
5. Full Name of Mother, Pauline Papel
6. Mother's Maiden Name, Pauline Pubhendorf.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Alexander Papel.
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catharine Meyrich

Address, Garrison Lane Near Stanbleigh

Remarks, 1892000188 6

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 April
4. Place of Birth, (Street and Number) 132 E Hughes st
5. Full Name of Mother, Emma Eliza Gregory Glass
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Arthur Ave Gregory
8. Full Name of Father, Cigar Maker
9. Father's Occupation, Baltimore
10. Father's Birthplace, Catherine Wm Sq
Name of Medical Attendant, or other person who makes this Return, 808 Seadenhall St
Address,
Remarks, 8920001887

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39154.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 24. April.
4. *Place of Birth, (Street and Number)* 1121. Streett. St.
5. *Full Name of Mother,* Lena Hoffman.
6. *Mother's Maiden Name,* Lena Pinkart.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Valentine Hoffman.
9. *Father's Occupation,* Cabinet maker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Barge

Address, 711 Cross St.

Remarks, 8920001888

Duty of Physician or Midwife to report birth. Penalty for neglect. Every physician or midwife who shall have attended at the birth of any child shall, within ten days after such birth, report the same to the Commissioner of Health, setting forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, either in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 24" 1892
4. *Place of Birth, (Street and Number)* 514 N. Calhoun
5. *Full Name of Mother,* M. Amelia Todd
6. *Mother's Maiden Name,* M. Amelia Dittman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Todd
9. *Father's Occupation,* Lace Manufacturer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles

Remarks, 8920001889

certain that the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Gerald Fiege

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 14th 1892.
4. Place of Birth, (Street and Number)	1840 Eldorado Street
5. Full Name of Mother,	Ruth A. Fiege.
6. Mother's Maiden Name,	Ruth A. Boonan.
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Henry J. Fiege.
9. Father's Occupation,	Painter.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Sarah L. Powell M.D.
Address,	217 Aisquith Street
Remarks,	8920001890

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 6 child 1892
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht
3. *Date of Birth,*	209 South Caroline Street
4. *Place of Birth, (Street and Number)*	24 April
5. *Full Name of Mother,*	Mary Schiler
6. *Mother's Maiden Name,*	Kaorinar
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Schiler
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Gupke
Address,	1114 South Bond Street
Remarks,	8920001891

been conferred) its sex, color, the full name and occupation of each parent, if any shall have ascertained the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 25 1892
4. Place of Birth, (Street and Number) 2303 Barclay
5. Full Name of Mother, Ida L. Glasman
6. Mother's Maiden Name, Ida L. Howney
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm L. Glasman
9. Father's Occupation, Job Printer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke

Address, 914 N. Charles St

Remarks,

1 8 9 2 0 0 0 1 8 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

©M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 39169.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 25th
4. Place of Birth, (Street and Number) 2226 York Rd.
5. Full Name of Mother, Martha Elizabeth Cole
6. Mother's Maiden Name, Martha E. Cornelius
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Edward Cole
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. J. Wise

Address, Waverly Md

Remarks, 8 9 2 0 0 0 1 8 9 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 25
4. Place of Birth, (Street and Number) 1826 H St
5. Full Name of Mother, Katie Childs Burns
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Burns
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. C. C. Ulrich

Address, Union Square

Remarks, 8 9 2 0 0 0 1 8 9 4

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* April 25th 1892
4. *Place of Birth,* (Street and Number) 701 W. Lanvale St.
5. *Full Name of Mother,* Laura Hachtel
6. *Mother's Maiden Name,* Laura Quandt
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George C. Hachtel
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. H. Miller M.D.

Address, 222 N. Monument St.

Remarks,

1 8 9 2 0 0 0 1 8 9 5

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 13916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26th 1892
4. Place of Birth, (Street and Number) 13 W Hamburg St
5. Full Name of Mother, Katie Pfaff
6. Mother's Maiden Name, Katie Galand
7. Mother's Birthplace, Md.
8. Full Name of Father, George Pfaff
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. H. Miller M.D

Address, 222 N. Monument St

Remarks, 8920001896

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 34163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 - 97
4. Place of Birth, (Street and Number) 1401 N. Central Ave
5. Full Name of Mother, Nettie J Buck
6. Mother's Maiden Name, Shipley
7. Mother's Birthplace, Balto
8. Full Name of Father, John J Buck
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks, 8920001897

Every child born within the City of Baltimore shall be reported to the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SALADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39/64.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	April 26th
4. *Place of Birth, (Street and Number)*	1402 Williams st
5. *Full Name of Mother,*	Alice Zizwank Hayward
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	city.
8. *Full Name of Father,*	Ds Zizwank
9. *Father's Occupation,*	baker
10. *Father's Birthplace,*	city
Name of Medical Attendant, or other person who makes this Return.	D C Bunch M D
Address,	571 Hanover st
Remarks,	8920001898

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

As the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 39165.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 April
4. Place of Birth, (Street and Number) 16 West Montgomery St
5. Full Name of Mother, Annie Gertrude Meyd
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Conrad Meyd
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Munch

Address, Gaither Lane Near Franklintown Rd

Remarks,

8920001899

Wm J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner, of midwifery, or should no other person be in
shall occur without the attendance of a physician or practi
er it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it sh
th, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in t
il to comply with the provisions of this section, shall be sub
any such person or persons who shall hereafter fail to co
to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 3916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26-92
4. Place of Birth, (Street and Number) 1311 E Eager
5. Full Name of Mother, Agnes Gateley Manley
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Gateley
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 Mc Donough St

Remarks, 8920001900

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	White Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 – 2 – 94
4. *Place of Birth, (Street and Number)*	622 N. Fountain
5. *Full Name of Mother,*	Annie Miller
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	L. Hargrove M.D.
Address,	622 N. Fountain
Remarks,	8920001901

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the proper in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 2nd 1892
4. Place of Birth, (Street and Number) Hickory Ave Hampden Annex
5. Full Name of Mother, Alice Mann
6. Mother's Maiden Name, " Perkins
7. Mother's Birthplace, Baltimore Co md
8. Full Name of Father, Louis H Mann
9. Father's Occupation, Cardriver
10. Father's Birthplace, Balto Co md

Name of Medical Attendant, or other person who makes this Return. R L Rankin M D

Address, Waverly Station City -

Remarks, 8920001902

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39/69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 — 4 — 92
4. *Place of Birth, (Street and Number)* 622 N. Lombard.
5. *Full Name of Mother,* Mrs Annie Rhodes.
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L Hargrove M.D.

Address,

Remarks, 8426 Harford Ave Belmont

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

39170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 – 4 – 92
4. *Place of Birth, (Street and Number)* 622 N. Lowndes
5. *Full Name of Mother,* Mrs A. Wolf.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. Seagrove M.D.

Address, 89 Md Ave Mailmide.

Remarks, 8 9 2 0 0 0 1 9 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 8th 1892
4. Place of Birth, (Street and Number) Jenkins Lane
5. Full Name of Mother, Amelia C Hiob
6. Mother's Maiden Name, " Kampe
7. Mother's Birthplace, Balto. Co. Md
8. Full Name of Father, Charles E. Hiob
9. Father's Occupation. Policeman
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return. R. H. Rankin M.D

Address, Waverly Station City

Remarks, 18920001905

any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 39172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 4—12—92
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Mary Ford.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, I Hargrove M.D.

Address, 622 N. Lombard St.

Remarks, 8 9 2 0 0 0 1 9 0 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 April
4. Place of Birth, (Street and Number) 318 Forrest St
5. Full Name of Mother, Lena Schreiber
6. Mother's Maiden Name, Schroeder
7. Mother's Birthplace, Balto
8. Full Name of Father, John Schreiber
9. Father's Occupation, Porter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellis

Address, 1802 E Lexington St

Remarks, 8920001907

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 39174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	4 — 13 — 92
4. *Place of Birth, (Street and Number)*	622 N. Lombard.
5. *Full Name of Mother,*	Agnes Hall
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. Hargrove M.D.
Address,	622 N. Lombard.
Remarks,	8 9 2 0 0 0 1 9 0 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...be ascertained the full name of each child, (if any shall have ...as the same can be ascertained) its sex, color, the full name and occupation ...of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practi... ...third day of each and every month to the office of the Com... ...shall occur without the attendance of a physician or pra... ...attendance upon the mother, immediately thereafter it sh... ...child to report its birth to the Commissioner of Health, in... ...any such person or persons who shall hereafter fail to co... ...jected to the fine of ten (10) dollars for each offense, to be re... ...to the Commissioner of Health. In case the birth of any child ...of a practitioner of midwifery, or should no other person be in ...if it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub... ...to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 April
4. Place of Birth, (Street and Number) 1115 E Fayette St
5. Full Name of Mother, Annie Beck Willax
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Beck
9. Father's Occupation, Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ulrich

Address, 1302 E Lexington St

Remarks, 8920001909

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 April
4. Place of Birth, (Street and Number) 1208 Ensor St
5. Full Name of Mother, Katie Smith
6. Mother's Maiden Name, " Steinberg
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Smith
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellig

Address, 1302 Lexington St

Remarks, + 8 9 2 0 0 0 1 9 1 0

Wm J C. Dulany Co., City Printers and Stationers.

...mined the full name of each child, if any shall have ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 39177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 1st 1892
4. Place of Birth (Street and Number), 135 St Garrett Av
5. Full Name of Mother, Ellin Finn
6. Mother's Maiden Name, Ellin Daly
7. Mother's Birthplace, Cork Ireland
8. Full Name of Father, Edmond Finn
9. Father's Occupation, paver
10. Father's Birthplace, Cork Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Thornton

Address,

Remarks, 8920001911

Baltimore Publishing Co., City Printers and Stationers.

Each child born alive in the City of Baltimore shall be reported as to the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 39178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother*	Mary Allen
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Kentucky
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other Person who makes this Return	S. A. Shuman M D
Address,	1520 Druid Hill Ave
Remarks,	8920001912

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 39179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15, 1892
4. Place of Birth, (Street and Number) 222 Norris Street
5. Full Name of Mother, Fannie Bryant
6. Mother's Maiden Name, Reynolds
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. L. Bryant
9. Father's Occupation, Driver
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return. E. Elsasser M.D.

Address, 830 Columbia ave

Remarks, 8920001913

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16th 1892
4. *Place of Birth, (Street and Number)* 746 Mc Henry St.
5. *Full Name of Mother,* Margie Jane Davis
6. *Mother's Maiden Name,* Webster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wilson Davis
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H.W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8 9 2 0 0 0 1 9 1 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 16/92
4. Place of Birth (Street and Number),	237 Independence St.
5. Full Name of Mother,	Emma Kidd
6. Mother's Maiden Name,	Crate
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Ferdinand Kidd
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr. Monmonier M.D.
Address,	634 Gorsuch Av.
Remarks,	18920001915

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 39187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	~~White~~ male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 16 — 92
4.	*Place of Birth, (Street and Number)*	935 N. Franklin St.
5.	*Full Name of Mother,*	Annie Miller
6.	*Mother's Maiden Name,*	—
7.	*Mother's Birthplace,*	Pa
8.	*Full Name of Father,*	E. R. Miller
9.	*Father's Occupation,*	Physician
10.	*Father's Birthplace,*	Pa
	Name of Medical Attendant, or other person who makes this Return,	J Hargrove M.D.
	Address,	622 N. Lombard.
	Remarks,	8 9 2 0 0 0 1 9 1 6

been conferred) its sex, color, the full name and occupation of [illegible] name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the [illegible] the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

one

RETURN OF A BIRTH. 39183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Haberkorn

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 April
4. *Place of Birth, (Street and Number)* 1208 Eason St
5. *Full Name of Mother,* Teresa Haberkorn Haberkorn
6. *Mother's Maiden Name,* Schrieber
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Adam Haberkorn Haberkorn
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R. Allig

Address, 1802 E Lexington St

Remarks, 8920001917

CORRECTED DOCUMENT NO. 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 19th 1892
4. Place of Birth, (Street and Number) #1632 Millington St
5. Full Name of Mother, Mary Winter
6. Mother's Maiden Name, Mabe
7. Mother's Birthplace, Germany
8. Full Name of Father, Johan. Winter
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Henrietta Hillegeist

Address, #1038 E. Monument St

Remarks,

18920001918

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19th 1892
4. *Place of Birth, (Street and Number)* 1010 Sterling St.
5. *Full Name of Mother,* Mary E. Farrell
6. *Mother's Maiden Name,* Farrell
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* George R. Kohler
9. *Father's Occupation,* Oyster
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dena Gallegent

Address, 1038 E. Monument St

Remarks, 8920001919

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, (if any shall have ...been conferred) its sex, color, the full name and occupation ...of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ...shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter. If shall be required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 3986.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Mattie Frank

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 April 1892
4. Place of Birth, (Street and Number) 1134 Low St
5. Full Name of Mother, Hannah Frank
6. Mother's Maiden Name, " Lehman
7. Mother's Birthplace. Balto.
8. Full Name of Father, Joheph Frank
9. Father's Occupation, stove
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Wm R. Illig

Address, 1802 Lexington St

Remarks, GIVEN NAME ADDED. 5-12-54

1 8 9 2 4 0 0 1 9 2 0

2 M

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-19-56

RETURN OF A BIRTH. A 39187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Lee ~~Warwick~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 April 1892
4. Place of Birth, (Street and Number) 421 S. Eutaw St
5. Full Name of Mother, Mary Warwick
6. Mother's Maiden Name, Held
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Warwick
9. Father's Occupation, Store
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellig

Address, 1302 E Lexington St

Remarks, 1892 0001921

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 20th 1892
4. Place of Birth, (Street and Number) #2405 York Road
5. Full Name of Mother, Mary C. Hall
6. Mother's Maiden Name, " " Munnna-
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick D Hall
9. Father's Occupation, Truck driver
10. Father's Birthplace, Baltimore Co md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station City

Remarks, 1892 0001922

REGISTERED APR 28 1892 BALTIMORE CITY MD

To secure the registration of the birth of any child, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

be ascertained the full name as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

39189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* April 11th 1892
4. *Place of Birth, (Street and Number)* 23 [illegible]
5. *Full Name of Mother,* Ida Bell [illegible]
6. *Mother's Maiden Name,* Ida Bell [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John [illegible]
9. *Father's Occupation,* [illegible] Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm H E Reuse

Address, 70 Watson Pk Avenue

Remarks, 8920001923

WM J. C. SULLANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 39190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	X
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	4 — 21 — 94
4.	*Place of Birth, (Street and Number)*	1105 Chestnut alley.
5.	*Full Name of Mother,*	Annie Wilson.
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	
8.	*Full Name of Father,*	
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return.	J Hargrove M D.
	Address,	
	Remarks,	6 2 2 6 Loudon.

8 9 2 0 0 0 1 9 2 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 21st 1892
4. Place of Birth, (Street and Number) # 315 11th St Waverly Annex
5. Full Name of Mother, Katie Jasper
6. Mother's Maiden Name, " Nienstedt.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Jasper
9. Father's Occupation. Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station City

Remarks, 8920001925

PRINTED BY WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Persons who shall fail to report the same can be prosecuted. The full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 39192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 22 April
4. Place of Birth, (Street and Number) 200 Front St
5. Full Name of Mother, Rachel Greenberg
6. Mother's Maiden Name, Pines
7. Mother's Birthplace, Poland
8. Full Name of Father, Barnet Greenberg
9. Father's Occupation, Peddler
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks, 8920001926

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race)
3. Date of Birth, April, 22d. 1892.
4. Place of Birth, (Street and Number) 1410 Battery Ave,
5. Full Name of Mother, Irene Williams,
6. Mother's Maiden Name, " Hagen,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, George T. Williams,
9. Father's Occupation, Police,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 5-24 Sharp St,

Remarks, 8920001927

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39194.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W white
3. Date of Birth, 23 April
4. Place of Birth, (Street and Number) 1011 E Monument St
5. Full Name of Mother, Kate Heck
6. Mother's Maiden Name, Kriedler
7. Mother's Birthplace. Balto.
8. Full Name of Father, John Heck
9. Father's Occupation, Produce dealer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R. Uhlig

Address, 1802 E Lexington St

Remarks, 1 8 9 2 0 0 0 1 9 2 8

said schedule shall be delivered, duly signed by the practitioner in the form ... the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health ... a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery ... In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39195.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th 1892
4. *Place of Birth, (Street and Number)* 1430 Oates St.
5. *Full Name of Mother,* Lydia Gibson Galloway
6. *Mother's Maiden Name,* Balto Md
7. *Mother's Birthplace,* Joseph Gibson
8. *Full Name of Father,* Machinist
9. *Father's Occupation,* Balto. Md
10. *Father's Birthplace,* 1 Mrs L Berna Attendant 1430 E Monument St

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920001929

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the case the birth person be in said schedule shall be delivered, duly signed by

RETURN OF A BIRTH. 39196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24th 1892
4. *Place of Birth, (Street and Number)* * Woodbury Ave. West Woodbury. Balt
5. *Full Name of Mother,* Victoria K. Morrison
6. *Mother's Maiden Name,* Victoria K. Belchner
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* John F. Morrison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo. N. Shower, M.D.

Address, 123. 3d Ave. Woodbury. Balt.

Remarks, * Number not designated 0 0 1 9 3 0

Name, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 24. 1892.
4. Place of Birth, (Street and Number) #2039. Orleans St
5. Full Name of Mother, Francis R. Thomas
6. Mother's Maiden Name, Francis R. Woodhouse
7. Mother's Birthplace, Charles County Maryland
8. Full Name of Father, Robert Emmet Thomas
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Calvert County Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis

Address, #2102. Orleans St

Remarks, Naturalized 1931

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 April
4. Place of Birth, (Street and Number) 1315 Mayfield
5. Full Name of Mother, Ida Sellars
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. "
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ullig

Address, 1302 E Lexington

Remarks, 8920001932

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39199.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4-25-92
4. *Place of Birth, (Street and Number)* 622 N. Lombard
5. *Full Name of Mother,* Mamie Lyons
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. Hargrove M.D.

Address,

Remarks, 622 N. Lombard.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 7/8/68

RETURN OF A BIRTH. 39700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WILLIAM LeRoy ~~FOWLS~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 25th 1892
4. Place of Birth, (Street and Number) 202 Hickory Ave. Hampden
5. Full Name of Mother, Alice Young
6. Mother's Maiden Name, Alice Miller
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, William R. Young
9. Father's Occupation, R. R. Employee
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M. D.

Address, 123 - 30th Ave. Woodberry. Balt.

Remarks, 8920001934

Every child born alive in Baltimore City shall be registered as to the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	4-25-92
4. *Place of Birth, (Street and Number)*	624 N. Fountain
5. *Full Name of Mother,*	Lucy Smith.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J Hargrove M.D.
Address,	
Remarks,	~~6~~ ~~4~~ ~~2~~ ~~0~~ ~~0~~ ~~9~~ ~~3~~ ~~5~~ Mt Hosp Hospital.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1902
4. Place of Birth, (Street and Number) 2204 Eastern Ave
5. Full Name of Mother, Mary Agnes Bisco[illegible]
6. Mother's Maiden Name, [illegible] Sept
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. J. Bisco[illegible]
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. Ellingsworth

Address, 2108 Patterson Park Ave

Remarks, 1892000001936

ascertained the full name of each child, (if any shall have
sion of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
ommissioner of Health. In case the birth of any child
petitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
r the month, and within the period above required, and
comply with the provisions of this section shall be sub-
recovered [illegible]

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39203.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	27th April 1893.
4.	*Place of Birth, (Street and Number)*	330 W Henrietta Ave Eutaw
5.	*Full Name of Mother,*	Carolina Bartel
6.	*Mother's Maiden Name,*	Carolina Drumm
7.	*Mother's Birthplace,*	Tuscarora. Pensylvania
8.	*Full Name of Father,*	Peter Bartel
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Tumbling Run Pensylvania
	Name of Medical Attendant, or other person who makes this Return,	Dr. L. Bange
	Address,	711 Eutaw St
	Remarks,	8 9 2 0 0 0 1 9 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person who shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter if such person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39 204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lena Josephine Borneman

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 27 — 1892
4. Place of Birth, (Street and Number) 1531 E Lambert St.
5. Full Name of Mother, Mary Borneman
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Borneman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E Pratt St.

Remarks, GIVEN NAME ADDED 3-11-57 8 4 2 0 0 0 1 9 3 4 M

Said schedule shall be delivered, duly signed by the practitioner or midwife, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39205.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 27th 1892
4. Place of Birth, (Street and Number) 318 E. Montgomery
5. Full Name of Mother, Laura J. Springer
6. Mother's Maiden Name, Laura J. Labohn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harold B. Springer
9. Father's Occupation, Book Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke
914 N. Charles

Address,

Remarks, 1892 0001939

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ten conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...practitioner in the case a certificate between the first and ...of a certificate of death. In case the birth of any child ...said schedule shall be delivered, duly signed by the practitioner or other person be in ...to the Commissioner of Health, or should no other person or parents of such ...third day of each and every month to the office of the practitioner or the person ...of the period above required, and ...shall occur without the attendance of a physician or practitioner it shall become the duty ...immediately thereafter, in the manner and within the period above required, and ...attendance upon the mother, Commissioner of Health, in the manner and within the ...of this section shall be sub-...child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-...any such person or persons who shall hereafter fail to comply with the provisions of forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 3926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 27
4. *Place of Birth, (Street and Number)*	202 Pearl St
5. *Full Name of Mother,*	Josephine Franz
6. *Mother's Maiden Name,*	Josephine Liebert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walter Everett Franz
9. *Father's Occupation,*	Saloonkeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Franz
Address,	711 Canton St.
Remarks,	18920001940

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39 207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27th 1892
4. *Place of Birth, (Street and Number)*	347 S. Calhoun St
5. *Full Name of Mother,*	Florence Steinfeck
6. *Mother's Maiden Name,*	Florence Lee
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	B. F. Steinfeck
9. *Father's Occupation,*	Conductor with B&O R.R.
10. *Father's Birthplace,*	Penna.
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	753 W Lexington
Remarks,	8920001941

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27 1892
4. Place of Birth, (Street and Number) 810 George St
5. Full Name of Mother, Clara Magdalen Muroney
6. Mother's Maiden Name, Clara Magdalen Gurry
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Lawrence Muroney
9. Father's Occupation, Contractor & Builder
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Flanigan

Address, 231 N. Poppleton St

Remarks, 8920001942

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 27, 1892.
4. *Place of Birth, (Street and Number)*	588 Poland ave.
5. *Full Name of Mother,*	Annie Mary Hare.
6. *Mother's Maiden Name,*	Albert
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John Hare.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Edward H. Mitchell M.D.
Address,	791 Chesterfield ave.
Remarks,	8920001943

month, and shall set forth as far as the same can be ascertained the full [illegible] been conferred) its sex, color, the full name and occupation of its parents, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27, 1892
4. *Place of Birth, (Street and Number)*	Col 2½ ave. and Int. between 25
5. *Full Name of Mother,*	Cinderella Johnson
6. *Mother's Maiden Name,*	Powell
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	John W. Johnson
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Cherlton ave.
Remarks,	1892 0001944

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth, and occupation of its parents, of such child, which shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] and no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 3971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 27-92
4. Place of Birth (Street and Number),	Cor Clement & Dover Alley
5. Full Name of Mother,	Mary Eyerly
6. Mother's Maiden Name,	Mary McManus
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	George W. Eyerly
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Charles A. Pfeffer M.D.
Address,	48 E. Montgomery St.
Remarks,	

1892

1892000 1945

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 3977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th April 1892
4. *Place of Birth, (Street and Number)*	414 E Fort Ave
5. *Full Name of Mother,*	Mary Ann McManny
6. *Mother's Maiden Name,*	Joice
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael McManny
9. *Father's Occupation,*	Birch maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gerrell
Address,	436 E Fort Ave
Remarks,	8920001946

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 27th 1892
4. Place of Birth, (Street and Number) Atkinson Rd Falls Road (The house has no number)
5. Full Name of Mother, Sarah Watts
6. Mother's Maiden Name, Sarah Corbin
7. Mother's Birthplace, Carrol Co Md
8. Full Name of Father, Richard Watts
9. Father's Occupation, Painter
10. Father's Birthplace, Carrol Co Md

Name of Medical Attendant, or other person who makes this Return, G H Everhart M.D.

Address, 213 W 25th St.

Remarks, 8920001947

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, &c. This other fines and forfeitures are recoverable.

WM J. C DULANY CO CITY PRINTERS AND STATIONERS.

FILM

RETURN OF A BIRTH. 39217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 27th 1922
4.	*Place of Birth, (Street and Number)*	#405 Calhoun St.
5.	*Full Name of Mother,*	Selma Geiger
6.	*Mother's Maiden Name,*	" Hench
7.	*Mother's Birthplace,*	Sachsen
8.	*Full Name of Father,*	George Geiger
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Bayern
	Name of Medical Attendant, or other person who makes this Return,	Annie Leistner
	Address,	#106 S. Monroe St.
	Remarks,	8920001948

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 21st 1892
4. Place of Birth, (Street and Number) Jenkins Lane No number
5. Full Name of Mother, Emelia Linck
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry J Linck
9. Father's Occupation, Lamp Lighter —
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Bantlin M D

Address, Waverly Station

Remarks, 1892000 1949 City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39216.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 28-92

4. Place of Birth, (Street and Number) 1226 N. Gay St

5. Full Name of Mother, Maggie Seward

6. Mother's Maiden Name, " Owens

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm S. Seward

9. Father's Occupation, Commision Merchant

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks, 1 8 9 2 0 0 0 1 9 5 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 39217.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Eugene Kilduff
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ———
3. Date of Birth, April 10, 1892
4. Place of Birth, (Street and Number) No. 7 Valley St. (Annex)
5. Full Name of Mother, Katie Agnes Kilduff
6. Mother's Maiden Name, Katie A. McCarthy
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Joseph Edward Kilduff
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8920001951

Rem. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th April 1892
4. *Place of Birth, (Street and Number)* 173 N Front-St
5. *Full Name of Mother,* Kate Malooly
6. *Mother's Maiden Name,* Kate Lynch
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Mm F Malooly
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 2 0 0 0 1 9 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 39219.

GIVEN NAME ADDED 8-1-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Austin Taylor Schuessler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apr. 19th 1892
4. Place of Birth, (Street and Number)	1929 E. Baltimore St.
5. Full Name of Mother,	Mary L Schuessler
6. Mother's Maiden Name,	Taylor
7. Mother's Birthplace,	St. Mary's Co. Md.
8. Full Name of Father,	Adam Schuessler
9. Father's Occupation,	Book keeper
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	E. P. Irons M.D.
Address,	1835 E. Balto. St.
Remarks,	8920001953

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39 vm 20.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 April 1892
4. *Place of Birth, (Street and Number)* Hull Str No 1435
5. *Full Name of Mother,* Anna Penet
6. *Mother's Maiden Name,* " Pentun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lillenton Penet
9. *Father's Occupation,* Leber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Lizzie Schnepfler

Address, Fort ave No 1408

Remarks, 8920001954

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 39771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th April 1892
4. Place of Birth, (Street and Number) 215 N. Chester St.
5. Full Name of Mother, Leonora Owens Glascock
6. Mother's Maiden Name, Johnston
7. Mother's Birthplace, City
8. Full Name of Father, William Luther Glascock
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. E. P. Owens

Address, 1835 E. Baltimore St.

Remarks, 8920001955

As far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	4/28/92
4. *Place of Birth, (Street and Number)*	621 Wayne St
5. *Full Name of Mother,*	Martha V Banks
6. *Mother's Maiden Name,*	Martha V Holland
7. *Mother's Birthplace,*	Anderson Co Tenn
8. *Full Name of Father,*	Louis Banks
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	North Thomberland Co Va
Name of Medical Attendant, or other Person who makes this Return.	Fannie M Davis
Address,	801 Plum alley City
Remarks,	8920001956

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 39753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 29th 1892

4. Place of Birth, (Street and Number) 1205 Smith st

5. Full Name of Mother, Ann Eliza Gray

6. Mother's Maiden Name, Ann Eliza Williams

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Thomas H. Gray

9. Father's Occupation, Had Carrier

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Lucinda Mitchell

Address, 1207 Smith St

Remarks, 18920001957

said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 29
4. Place of Birth, (Street and Number) 1920 Orleans St
5. Full Name of Mother, Catharine Lester
6. Mother's Maiden Name, Catharine Ransone
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G. W. Lester
9. Father's Occupation, minister
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Walter

Address, 428 W Bond St.

Remarks, 1892000001958

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39775.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 29th
4. Place of Birth, (Street and Number) Baltimore Rogers Ave. 15-2
5. Full Name of Mother, Jane Murray
6. Mother's Maiden Name, Jane Murray
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Tugmon
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Miss Hiert Jackson

Address, 129 Rogers Ave. Baltimore

Remarks, No remarks Whatever

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered with other fines and forfeitures are recoverable.

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 3996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White,

3. Date of Birth, April 29

4. Place of Birth, (Street and Number) 1611 & 613 S. Potter

5. Full Name of Mother, Sophia Fenker

6. Mother's Maiden Name, Michal

7. Mother's Birthplace, Germany

8. Full Name of Father, August Fenker,

9. Father's Occupation, Soldon-Keeper,

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Aug. F. Fenker M.D.

Address, No. 721 Columbia Ave.

Remarks, 1892000 1960

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or in case of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 92
4. Place of Birth, (Street and Number) 725 W Lombard St.
5. Full Name of Mother, Louise M. Wallace
6. Mother's Maiden Name, Buschman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, S. E. Wallace
9. Father's Occupation. Book-Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N Howard St

Remarks, 8920001961

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 29-92
4. *Place of Birth. (Street and Number)* 1002 N Wolfe
5. *Full Name of Mother,* Elizabeth Noelert
6. *Mother's Maiden Name,* " Volk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Noelert
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 N Donogh St

Remarks, 8920001962

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered

Wm J C Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-3-55

RETURN OF A BIRTH. 39779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Doris Sophie Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27/92 –
4. Place of Birth, (Street and Number) 616 S. Register St
5. Full Name of Mother, Wilhelmina S. Klein
6. Mother's Maiden Name, Wilhelmina S. Kellerman
7. Mother's Birthplace, Germany
8. Full Name of Father, John A Klein
9. Father's Occupation, Pickling Establishment
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. F. Bartlett Jr. M.D.

Address, 700 S. Broadway

Remarks, 8 9 2 0 0 0 1 9 6 3

Born 7.00 A.M. –

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 8 of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29-92
4. Place of Birth, (Street and Number) 902 E. Madison
5. Full Name of Mother, Clara B. Robinson
6. Mother's Maiden Name, " " Evans
7. Mother's Birthplace, Balto
8. Full Name of Father, James F. Robinson
9. Father's Occupation, Employee of R. R
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 McDonogh St

Remarks, 8920001964

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 39731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	April 29th 1892
4. Place of Birth (Street and Number),	City 728 Linwood Ave
5. Full Name of Mother,	Sarah Grose
6. Mother's Maiden Name,	Cathrel
7. Mother's Birthplace,	Co MD
8. Full Name of Father,	John Turner
9. Father's Occupation,	Labor
10. Father's Birthplace,	Stanly Co
Name of Medical Attendant, or other person who makes this Return.	Jane Warren
Address,	1131 Paris St
Remarks,	1892000 1965

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 39737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	April 27th. 1913
4.	*Place of Birth, (Street and Number)*	#2123 Mary Anna St.
5.	*Full Name of Mother,*	Lizzie D. Hatterwich
6.	*Mother's Maiden Name,*	W. Schwallenberg
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	John Datterwich
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
	Address,	#106 E. Monroe St.
	Remarks,	8920001966

Said schedule shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 1892
4. Place of Birth, (Street and Number) 119 Bradford Lane
5. Full Name of Mother, Ella Hansen
6. Mother's Maiden Name, Ella Follett
7. Mother's Birthplace, Scandenavia
8. Full Name of Father, Louis L. Hansen
9. Father's Occupation, Steamfitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Peterson

Address, 116 Peterson Lane

Remarks, 8920001967

(1892 CITY OF BALTIMORE)

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Male & Female all
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4-29-92
4. Place of Birth, (Street and Number) 622 N. Lombard
5. Full Name of Mother, Leah Reese
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Hargrave M.D.

Address, 622 N. Lombard.

Remarks, 6 9 2 0 0 0 1 9 6 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every child born in the City of Baltimore shall have conferred upon it a given name or names and surname or surnames, and the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the sex, color,

RETURN OF A BIRTH.

A 39205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 April
4. Place of Birth, (Street and Number) 279 N. Exeter St
5. Full Name of Mother, Mase Edelman
6. Mother's Maiden Name, Lackmanish
7. Mother's Birthplace, Rusia
8. Full Name of Father, Mendel Edelman
9. Father's Occupation, Rabbi
10. Father's Birthplace, Rusia

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 1302 Eastington St

Remarks, 8920001969

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
1892

RETURN OF A BIRTH A 39236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April, 30th 1892
4. Place of Birth, (Street and Number) 120 Jones Courts
5. Full Name of Mother, Mary Taylor
6. Mother's Maiden Name, Mary Brine
7. Mother's Birthplace, North Carolina
8. Full Name of Father, William Taylor
9. Father's Occupation, Laborer
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Susan Hooper,

Address, 123 N. Durham St.

Remarks, 1 8 9 2 0 0 0 1 9 7 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39737

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Harry Goldstein

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 April - 1892
4. Place of Birth, (Street and Number) 1137 McElderry St
5. Full Name of Mother, Annie Goldstein
6. Mother's Maiden Name, " Fried
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacob Goldstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ullig

Address, 1902 E Lexington St

Remarks, OTHER NAME ADDED. 3-3-53 8 9 2 0 0 0 1 9 7 1

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th
4. Place of Birth, (Street and Number) 835 Leadenhall St
5. Full Name of Mother, Lizzie Sander
6. Mother's Maiden Name, Lizzie Roepke
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Sander
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mouneh

Address, 800 Leadenhall St

Remarks, 8920001972

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 39239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* April 30/92.
4. *Place of Birth (Street and Number)* 201 N. Fremont
5. *Full Name of Mother* Maggie L. Perry
6. *Mother's Maiden Name* Maggie L. Vane
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* John J. Perry
9. *Father's Occupation* Manager
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return, J. J. Leitzow M.D.

Address 326 W. Biddle St.

Remarks

8920001973

A 39240.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 30
4. Place of Birth, (Street and Number) Stocton Alley
5. Full Name of Mother, Lou Redman
6. Mother's Maiden Name, Dora Dillon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Redman
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Thorn

Address, 1310 W. Pratt St

Remarks, 8920001974

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if no other person be in attendance upon the mother, immediately thereafter, in the manner required, and shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as aforesaid.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 3924.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex,* (~~State whether male or~~ female)
2. *Race or color,* (~~if~~ not of the white race) Colored
3. *Date of Birth,* April 30
4. *Place of Birth,* (Street and Number) 561 Preston St.
5. *Full Name of Mother,* Annie Collins.
6. *Mother's Maiden Name,* Nash
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Collins
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Pearce Kontzmann M.D.

Address, 601 Franklin

Remarks, No

1 8 9 2 0 0 0 1 9 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 39747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30, 1892
4. *Place of Birth, (Street and Number)* 222 Cambridge St.
5. *Full Name of Mother,* Annie Hinkleman
6. *Mother's Maiden Name,* Annie Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hinkleman
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary J. Lunger

Address, 726 Eutaw near St

Remarks,

1892000 1976

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 34243.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1892
4. Place of Birth, (Street and Number) 304 Park Ave
5. Full Name of Mother, Sarah Ann Newberry
6. Mother's Maiden Name, Litchfield
7. Mother's Birthplace, England
8. Full Name of Father, James A. Newberry
9. Father's Occupation, City Employee
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8920001977

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4924.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Male

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 147 Chestnut Street
4. Place of Birth, (Street and Number) April 30th 1892
5. Full Name of Mother, Not Married
6. Mother's Maiden Name, Mary Lizzie Meshields
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cyrus Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 401 Lewis Street

Remarks, Doing nicely 5 6 7 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 30 92
4. Place of Birth, (Street and Number)	1515 N. Ann
5. Full Name of Mother,	Anna Schroeder
6. Mother's Maiden Name,	Hazzard
7. Mother's Birthplace,	Phila
8. Full Name of Father,	H. G. Schroeter
9. Father's Occupation,	Photo - Engraver
10. Father's Birthplace,	Phila
Name of Medical Attendant, or other person who makes this Return.	J. B. Schmitt M.D.
Address,	1003 N. Bway
Remarks,	1892 0001979

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 39746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30 - 1892
4. Place of Birth, (Street and Number) 641 N Carey St.
5. Full Name of Mother, Lula J Whatley
6. Mother's Maiden Name, Lula Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm J Whatley -
9. Father's Occupation, Clk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. D. Buck

Address, 1051 N Charles St.

Remarks, 1892008 1980

been conferred) its sex, color, the full name and occupation of its parents, the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] shall immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

GEO. J. G. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3. 1892.
4. Place of Birth, (Street and Number) 1106 Homewood Ave.
5. Full Name of Mother, Julia A. Curley
6. Mother's Maiden Name, Trieze
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm E. Curley
9. Father's Occupation, Minister
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill.

Address, 1103 Madison Avenue

Remarks, 8920001981

begin conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 39248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Apr 6th 1911.
4. Place of Birth, (Street and Number)	2843 Elm Ave
5. Full Name of Mother,	Ada Slinkman
6. Mother's Maiden Name,	Ada Rivers
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Saml Slinkman
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs. K. Feldman
Address,	41 Chestnut Ave
Remarks,	1892000 1982

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39249.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st
1.	*Sex, (State whether male or female)*	Female
2.	*Race or color, (if not of the white race)*	White
3.	*Date of Birth,*	Apr 7th 1911.
4.	*Place of Birth, (Street and Number)*	94 Cedar Ave
5.	*Full Name of Mother,*	Annie Westerfield
6.	*Mother's Maiden Name,*	Annie Cedar
7.	*Mother's Birthplace,*	
8.	*Full Name of Father,*	Jno. Westerfield
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return.	Wm H. Feddeman
	Address,	1446 Chestnut Ave
	Remarks,	18920001983

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverible.

A. S. ABLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 39250.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 7/92
4. *Place of Birth, (Street and Number)*	320 E Montgomery
5. *Full Name of Mother,*	Fanny F. Rollins
6. *Mother's Maiden Name,*	" Freiburger
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	H. M. Rollins
9. *Father's Occupation,*	Solicitor
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	E. Dorsey Ellis M.D.
Address,	915 Leigh St.
Remarks,	1892 0001984

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-17-59

RETURN OF A BIRTH A39257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Anna Roberta Ellis First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White -
3. Date of Birth,	Apr. 11/92
4. Place of Birth, (Street and Number)	913 Light St.
5. Full Name of Mother,	Clara S. Ellis
6. Mother's Maiden Name,	do Showers
7. Mother's Birthplace,	Philadelphia Pa.
8. Full Name of Father,	E. Dorsey Ellis
9. Father's Occupation,	Physician
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	E. Dorsey Ellis M.D.
Address,	913 Light St.
Remarks,	8920001985

CITY OF BALTIMORE 1892

shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 39252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 12th 2 A.M.
4. Place of Birth, (Street and Number)	65. Brick Hill
5. Full Name of Mother,	Ida A. Barnes Parker
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Howard Co
8. Full Name of Father,	Isaac Barnes
9. Father's Occupation,	Rail-Road
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Wm. A. Fellerman
Address,	14 Chestnut Ave
Remarks,	8920 0C1986

1892

...tion of its parents, the date and place of birth; and the ...ame and occupation of the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or the person or parents of such ...it shall become the duty, within the period above required, and ...in the manner And within the time of this section shall be sub- ...comply with the provisions ...be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the ...third day of each and every month to the office of the Commissioner of Health, in the manner And within the time required, and shall become the duty, within the period above required, and attendance upon the mother immediately thereafter. It shall ...child to report its birth to the Commissioner of Health, in the manner And within the time of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GILLIS & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39253.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 15th
4. *Place of Birth, (Street and Number)*	5-8 Brick Hill
5. *Full Name of Mother,*	Clara Riggle
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Carroll Co Md.
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return.	Jno. H. Feddeman
Address,	141 Chestnut Ave
Remarks,	1892 0001987

...tion of its parents, the date and place of birth; and the ...ctitioner in the form of a certificate between the first and ...e Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...n the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...tion and occupation ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...1892

...E. SELLERS & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 3926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 22 - 1892
4. Place of Birth, (Street and Number) 17 N. Paris St.
5. Full Name of Mother, Eliza Pierce
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles H. Pierce
9. Father's Occupation, Coachman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 1011 Lamvale Ave

Remarks, + 8920001988

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Miriam Maxwell Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 22, 1892
4. Place of Birth, (Street and Number) 1904 Druid Hill Ave.
5. Full Name of Mother, Betty E. Harris
6. Mother's Maiden Name, Maxwell
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard A. Harris
9. Father's Occupation, Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, GIVEN NAME ADDED 9-26-52

8920001989

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39256.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Children, Twins

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 22 / 92
4. Place of Birth, (Street and Number) 111 E. West
5. Full Name of Mother, Marian D. Conner
6. Mother's Maiden Name, " " Buland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Conner
9. Father's Occupation, Supt of Dumps
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Theo Cooper
914 N. Charles

Address,

Remarks, 1892 0001990

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39707.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23rd 1892.
4. Place of Birth, (Street and Number) #1733 North Ave.
5. Full Name of Mother, Mary Wiener,
6. Mother's Maiden Name, Mary Alice.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Wiener
9. Father's Occupation, Beer Brewer,
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Brown

Address, #1605 N. Chester

Remarks, 8920001991

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23 - 1892
4. *Place of Birth, (Street and Number)* 921 Hollins St.
5. *Full Name of Mother,* Theresa Fitzsimmons
6. *Mother's Maiden Name,* Geham
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Michael J. Fitzsimmons
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 W. Lombard

Remarks, 8920001992

Every person in charge of any institution, whether public or private, and every physician, midwife, or other person who shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	April 28, 1892
4.	*Place of Birth, (Street and Number)*	1128 Hanover St.
5.	*Full Name of Mother,*	Lena Webster
6.	*Mother's Maiden Name,*	Lena Curtis
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Geo Webster
9.	*Father's Occupation,*	Meschenest
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Cuskey
	Address,	213 E. Heath St
	Remarks,	Living Well

1892 0001 993

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 29, 1892.
4. *Place of Birth, (Street and Number)*	516 Pressman St.
5. *Full Name of Mother,*	Anna E. Duvall
6. *Mother's Maiden Name,*	" " Beck
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Elmer E. Duvall
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	G Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	8920001994

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~1402 St. Paul~~ April 30th 1862
4. *Place of Birth, (Street and Number)* 1402 St. Paul ave
5. *Full Name of Mother,* Helen Phillips
6. *Mother's Maiden Name,* Cramer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel Phillips
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 10 N Carrollton ave

Remarks, 8920001995

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39282.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 30, 1892
4. Place of Birth, (Street and Number) 914 Penna Ave.
5. Full Name of Mother, Louisa A. Heilman
6. Mother's Maiden Name, Matter
7. Mother's Birthplace, Md
8. Full Name of Father, George J. J. Heilman
9. Father's Occupation, umbrella maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, 8920001996

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth person be in
said schedule shall be delivered, duly signed by the physician or practitioner, to the office of the Commissioner of Health, or should no other person or parents of such
third day of each and every month to the physician or practitioner, to the office of the Commissioner of midwifery, or the person or parents of such
shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents required, and
attendance upon the mother, immediately after the birth, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

FILM

RETURN OF A BIRTH. A 39763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1/92
4. *Place of Birth, (Street and Number)* 625 E Lombard St
5. *Full Name of Mother,* Sifrie Bamstein
6. *Mother's Maiden Name,* Sifra Bamstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Cohen
9. *Father's Occupation,* Pants Manufacturer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dana Twardman

Address, 1817 Pratt st or otherwise

Remarks, 1 8 9 2 0 0 0 1 9 9 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10 1902
4. *Place of Birth, (Street and Number)* 112 Market Place
5. *Full Name of Mother,* Sary Cohen
6. *Mother's Maiden Name,* Gary Silberman
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* ~~Abraham~~ Lutchil Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dana Swartzman

Address, 1807 E Pratt St

Remarks, 1892 0001998

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in this form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20/92
4. Place of Birth, (Street and Number) 625 E Lombard
5. Full Name of Mother, Ida Sapiro
6. Mother's Maiden Name, Ida Greenhouse
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Sapiro
9. Father's Occupation, Pants Manufacturer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dana Swarbman

Address, 1817 E Pratt St or Albemarle

Remarks, 8 9 2 0 0 0 1 9 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20/92
4. Place of Birth, (Street and Number) 626 E. Lombard St.
5. Full Name of Mother, Slota Okmilowsky
6. Mother's Maiden Name, Slota Lapiro
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Lapiro
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Sara Swartzman

Address, 1817 E. Pratt St or Aisquith St

Remarks, 1 8 9 2 0 0 0 2 0 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner duly [illegible] wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 23d
4. *Place of Birth, (Street and Number)*	218 York St
5. *Full Name of Mother,*	Rose Anna Arino
6. *Mother's Maiden Name,*	Rose Jindalo
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Lamarca Annarino
9. *Father's Occupation,*	Fruit dealer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs. Taylor
Address,	No 41 Guilford Balto City Md
Remarks,	8920002001

Each return shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the child, if it has been named; and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 4 Jan 1892 Third Child
4. Place of Birth, (Street and Number) 627 North Wolfe Street
5. Full Name of Mother, Caroline Virginia Smith
6. Mother's Maiden Name, Caroline Virginia Lee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Lawrence Lee
9. Father's Occupation, Nickel Plater
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Martha Chester

Address, 600 Lanvale Street

Remarks, 8920002002

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 39269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 26. 1892
4. Place of Birth, (Street and Number) No. 703. Stirling St. city
5. Full Name of Mother, Margarett R. Gray
6. Mother's Maiden Name, Margarett R. Gray
7. Mother's Birthplace, Easton md.
8. Full Name of Father, Thos H Demby
9. Father's Occupation, Sailor
10. Father's Birthplace, Chestertown, Md.

Name of Medical Attendant, or other person who makes this Return, Dr J Edmund Gardner also midwife madam Rosetta

Address, 703 Stirling St

Remarks, She is a healthy appearance

6920002803

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first week of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25th 1892
4. Place of Birth, (Street and Number) 825. Butlers alley
5. Full Name of Mother, Mary Shea
6. Mother's Maiden Name, Mary A Brien
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Shea
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Taylor

Address, 41 Gulfords alley Balto Md

Remarks, 18920002004

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28th/12
4. Place of Birth, (Street and Number) 15 E York St
5. Full Name of Mother, Mary Kane
6. Mother's Maiden Name, Mary Dougherty
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Patrick Kane
9. Father's Occupation, City Employ
10. Father's Birthplace, Havre de Grace Md

Name of Medical Attendant, or other person who makes this Return. Mrs Taylor

Address, 41 Guilford alley Balto Md

Remarks, 8920002005

Each contract as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

3977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 30 1892
4. Place of Birth, (Street and Number) 1926 Park Ave
5. Full Name of Mother, Mary J. Buchanan
6. Mother's Maiden Name, MacKintosh
7. Mother's Birthplace, Md
8. Full Name of Father, Frank McD. Buchanan
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, E. A. Fleming M.D.

Address, 928 Madison Ave

Remarks, 1892 0002006

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRY 1892

RETURN OF A BIRTH

39773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 30 192
4. *Place of Birth, (Street and Number)*	2217 Eutaw Place
5. *Full Name of Mother,*	Carrie Kaufman
6. *Mother's Maiden Name,*	Rae
7. *Mother's Birthplace,*	U S
8. *Full Name of Father,*	Harry Kaufman
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	U S
Name of Medical Attendant, or other person who makes this Return.	A Freudenwald
Address,	310 N Eutaw St
Remarks,	8920002007

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	3rd April
4. Place of Birth, (Street and Number)	770 N Hoagland st
5. Full Name of Mother,	Catherine Berger
6. Mother's Maiden Name,	Kranz
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Francis Berger
9. Father's Occupation,	Fireman
10. Father's Birthplace,	N. Y.
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	

8 9 2 0 0 0 2 0 0 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3. 1892.
4. Place of Birth, (Street and Number) 216 N. Exeter str
5. Full Name of Mother, Caroline Salled
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Israel Salled
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str.

Remarks, 1 8 9 2 0 0 0 2 0 0 9

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th April
4. Place of Birth, (Street and Number) 1406 E Madison St
5. Full Name of Mother, Margret Walters
6. Mother's Maiden Name, " Hardt
7. Mother's Birthplace, Washington
8. Full Name of Father, Louis Walters
9. Father's Occupation, Upholster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N Gay St

Remarks,

1 8 9 2 0 0 0 2 0 1 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39277.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4: 1892
4. Place of Birth, (Street and Number) 2315 Barclay st
5. Full Name of Mother, (Daisy Wagner
6. Mother's Maiden Name, " Dodge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Capt. E. White Wagner
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. C. Williams

Address, 910 Madison Ave

Remarks,

8920002011

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

When conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1892
4. *Place of Birth, (Street and Number)*	533 Madison St.
5. *Full Name of Mother,*	L. Bartell
6. *Mother's Maiden Name,*	L. Miller
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	L. Bartell
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	W. A. Butt
Address,	1245 E. Monument St. Ca Central Ave
Remarks,	All Well

1892000 2012

(Each registered birth must state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

39279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	7th April
4. *Place of Birth, (Street and Number)*	1342 E Washington st
5. *Full Name of Mother,*	Louise French
6. *Mother's Maiden Name,*	" Spangle
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas French
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gromme
Address,	940 N Gay st
Remarks,	8920002013

Health.

month, and shall set forth as far as the same can be ascertained the full name, ... each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the ... and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39280.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 7. 1892.
4. Place of Birth, (Street and Number) 809 Granby st
5. Full Name of Mother, Frieda Ruthman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Benny Ruthmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks, 8920002014

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39281.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 17 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 April 1892
4. Place of Birth, (Street and Number) 812 Hanover St
5. Full Name of Mother, Emma C. Thayer
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Russia
8. Full Name of Father, [illegible]
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schneider

Address, 42 Albemarle St

Remarks, 18920002015

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 8 th
4. Place of Birth, (Street and Number)	804 Asquith st
5. Full Name of Mother,	Ida Reese
6. Mother's Maiden Name,	" Reede
7. Mother's Birthplace,	Va
8. Full Name of Father,	Wenus Reese
9. Father's Occupation,	Clerck
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	

1892 MAR 16

1892000216

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39283.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 10 1892
4. *Place of Birth, (Street and Number)*	2525 Hoffman St
5. *Full Name of Mother,*	M Young
6. *Mother's Maiden Name,*	M Lewis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	H. Young
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	M. A. Buta.
Address,	1245 E Monument St. cor Central Ave
Remarks,	All Well

1892000017

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 34284

GIVEN NAME ADDED 7-20-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Bash

No of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 10. 1892.
4. Place of Birth, (Street and Number) 809 Granby ste
5. Full Name of Mother, Hanna Basch
6. Mother's Maiden Name, Benman
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Bash
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cazelle Bernstein

Address, 122 S. Exeter Ste

Remarks, 8920002018

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 39285.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	11th April
4. Place of Birth, (Street and Number)	1418 N Mulligan St
5. Full Name of Mother,	Mary E Bisell
6. Mother's Maiden Name,	N Fuller
7. Mother's Birthplace,	Wash.
8. Full Name of Father,	George Bisell
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Wash.
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groomes
Address,	940 N Gay St
Remarks,	8920002019

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 17 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th April 1892
4. Place of Birth, (Street and Number) 124 Hazlet Street
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Kulas
7. Mother's Birthplace, Vienna
8. Full Name of Father, Frank Brown
9. Father's Occupation, Restaurant
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, L. Fleischman

Address, 42 Albemarle St

Remarks,

18920002020

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Owen

RETURN OF A BIRTH. A 39287.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Margaret E. Dunn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1892.
4. Place of Birth, (Street and Number) 722 Ground Ave.
5. Full Name of Mother, Joanna Dunn
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William M. Dunn
9. Father's Occupation, Chief Chemical Div. Health Dept. Balto City
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, R. B. Hunt M.D.

Address, 815 Jefferson Ave.

Remarks, 8920002021

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

39288

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sara

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 April 1892
4. Place of Birth, (Street and Number) 1418 E. Lombard St
5. Full Name of Mother, Ida Markman
6. Mother's Maiden Name, Bain
7. Mother's Birthplace, Russia
8. Full Name of Father, Jos Markman
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 42 Albemarle St.

Remarks, GIVEN NAME ADDED. 9-5-52

8920002022

1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39289.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12. 1892.

4. Place of Birth, (Street and Number) Jenkins Lane

5. Full Name of Mother, Annie Gardner

6. Mother's Maiden Name, Parker

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Gardner

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. S. Hartwell

Address, 815 Jefferson Ave.

Remarks, 8920002023

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the parent, or other person in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 14. 1892.

4. Place of Birth, (Street and Number) 823 Granby St

5. Full Name of Mother, Auguste Hladel

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Charles Hladel

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks, 8920002024

Wm J C. Dulany Co., City Printers and Stationers.

sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-27-57

RETURN OF A BIRTH. 39291.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Himmelheber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 1892
4. *Place of Birth, (Street and Number)*	918 Chester St.
5. *Full Name of Mother,*	E. Himmelheber
6. *Mother's Maiden Name,*	E. Himmelheber
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	F. Himmelheber
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A. Buto
Address,	1215 E. Monument St
Remarks,	Ace Well

8920002025

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14 1893
4. *Place of Birth, (Street and Number)* 411 Colvin St.
5. *Full Name of Mother,* M. Shaw
6. *Mother's Maiden Name,* M Dietz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* H Myer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. H A Butts

Address, 245 E. Monument St.

Remarks, Alla Well

8920002026

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th April 1892
4. *Place of Birth, (Street and Number)* 253 N. Exeter St
5. *Full Name of Mother,* Jennie Goldberg
6. *Mother's Maiden Name,* Hinetzfic
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Goldberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St

Remarks, 8920002027

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15 1892
4. Place of Birth, (Street and Number) 10 N. Eden St
5. Full Name of Mother, Sarah Schneider
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, David Schneider
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Dabilij Bernstein

Address, 122 S. Exeter St

Remarks, 8920002028

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-10-58

RETURN OF A BIRTH.

39795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Madora Wells~~ Greenbaum 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 April 1892

4. Place of Birth, (Street and Number) 1617 N Bond st

5. Full Name of Mother, Lilly Greenbaum

6. Mother's Maiden Name, Kirby

7. Mother's Birthplace, Balto

8. Full Name of Father, Jacob Greenbaum

9. Father's Occupation, Cigar dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 940 N Gay st

Remarks,

18920002029

Wm J C. Dulany Co., City Printers and Stationers.

Every birth which shall occur within the limits of Baltimore City shall be reported to the Commissioner of Health, in the manner prescribed by the provisions of this section, within ten days after the birth shall have occurred; and the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39296.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 17th 92.
4. Place of Birth, (Street and Number) Abbottston Branch Ave.
5. Full Name of Mother, Jannie Bunch
6. Mother's Maiden Name, Shorts
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Bunch
9. Father's Occupation, Coachman
10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return, J. B. Hartwell

Address, 815 J. Pleasant - Fine.

Remarks, 8920002030

Wm J C. Dulany Co., City Printers and Stationers.

F A BIRTH. 39336.

RRECTED A-39335

ital Statistics, Board of Health.

RE CITY.

Dixon Fitz Patrick

male

white

92

Hanover St

Fitz-Patrick

Sexton

Fitz Patrick

City

City

GIVEN NAME ADDED 4-26-57

RETURN OF A BIRTH. 39797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Arthur ~~Mc~~ Lelland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1892.
4. Place of Birth, (Street and Number) 725 Jefferson Ave.
5. Full Name of Mother, Estella Est. McLelland
6. Mother's Maiden Name, " " Suter
7. Mother's Birthplace, Maryland
8. Full Name of Father, Burl E. McLelland
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J. B. Hunt M.D.

Address, 815 Jefferson Ave.

Remarks, 18920002032

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth 4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18th 1892
4. *Place of Birth, (Street and Number)*	1021 Central Avenue
5. *Full Name of Mother,*	Christina Schaufer
6. *Mother's Maiden Name,*	Christina Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna M Klausenzeller
Address,	643 Mc Mechen St
Remarks,	18920002033

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-30-58

RETURN OF A BIRTH. A 39299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 17 1892 HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Mollie Cohen

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 April 1892

4. Place of Birth, (Street and Number) 437 E. High St

5. Full Name of Mother, Annie Cohen

6. Mother's Maiden Name, Mudrick

7. Mother's Birthplace, Russia

8. Full Name of Father, Myer Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Lehrman

Address, 42 Albemarle St.

Remarks, 1892000234

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Return.—The Return of a Birth shall be made for each child, of any sex, born within the City of Baltimore, within ten days after the birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15th April
4. *Place of Birth, (Street and Number)*	1606 N Bond st
5. *Full Name of Mother,*	Frances Metge
6. *Mother's Maiden Name,*	n Schafer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Metge
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

1892066 035

RETURN OF A BIRTH. 39301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 : 1892
4. Place of Birth, (Street and Number) 1825 N. Broadway
5. Full Name of Mother, Laura Payne
6. Mother's Maiden Name, " Tall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilson Payne
9. Father's Occupation, —
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. O. C. Williams

Address, 900 Madison Ave

Remarks,

8920002036

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 39307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether* 1*st*, 2*d*, 3*d*, &c.) 4 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 18. 92.
4. *Place of Birth, (Street and Number)* 106 Albemarle str
5. *Full Name of Mother,* Alisia Edowitz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wolf Edowitz
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks,

1892 0002037

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 39303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19 92
4. Place of Birth, (Street and Number) 1818 E. Lombard St.
5. Full Name of Mother, Elenora Clarke
6. Mother's Maiden Name, " Shay
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert E. Clarke
9. Father's Occupation, Shoe Keeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward A. McDonald

Address, 208 Aisquith St

Remarks,

8 9 2 0 0 0 2 0 3 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 39304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th April
4. Place of Birth, (Street and Number) 616 N Eden st
5. Full Name of Mother, Mary Hughes
6. Mother's Maiden Name, N McGinnes
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter Hughes
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom

Address, 940 N Gay st

Remarks,

1 8 9 2 0 0 0 2 0 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-28-55

RETURN OF A BIRTH. A 39306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Warren William ~~Wills~~, Jr.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1892
4. *Place of Birth, (Street and Number)* 1824 Pennsylvania Ave
5. *Full Name of Mother,* Mary Wills
6. *Mother's Maiden Name,* Mary Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Wills
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Wiesenfeld

Address, 543 Mc Mechen st

Remarks, 1892 0002040

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ~~Midwifery~~, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

39306.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1892
4. Place of Birth, (Street and Number) 1116 Hanover
5. Full Name of Mother, Mary Hanley
6. Mother's Maiden Name, Mary Hanley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Hanley
9. Father's Occupation, Watchman
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. M. S. Brandt M.D.

Address, 1111 S. Broadway

Remarks,

8920002041

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A39307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female (Mary Louise Clapp)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st April 1892.
4. Place of Birth, (Street and Number) 12 Aisquith St. Bath.
5. Full Name of Mother, Louisa Clapp.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return. Alice Hall Chapman M.D.

Address, 6 W. Read St

Remarks,

1 8 9 2 0 0 0 2 0 4 2

month, and shall set forth as far as the same can be ascertained the full ... of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

39308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21. Apr.
4. *Place of Birth, (Street and Number)* Baltimore Md. 1115 Division St
5. *Full Name of Mother,* Lilia Bowers.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Petersburg Va.
8. *Full Name of Father,* Thomas Elvick.
9. *Father's Occupation,* Drives horses.
10. *Father's Birthplace,* Lo. Boston Va.

Name of Medical Attendant, or other Person who makes this Return. Charlotte G. Goldsborough

Address, #115 Division St

Remarks,

B 92000020 43

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 39309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	22nd April
4. Place of Birth, (Street and Number)	16 Vondershorst lane
5. Full Name of Mother,	Margret Schneider
6. Mother's Maiden Name,	11 Stegman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Philip Schneider
9. Father's Occupation,	Hostler
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Greene
Address,	940 N Gay St
Remarks,	

8920002044

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored White
3. *Date of Birth,*	April 22 1892
4. *Place of Birth, (Street and Number)*	810 Sterling St.
5. *Full Name of Mother,*	A Richerson
6. *Mother's Maiden Name,*	A Black
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	S. Richerson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	H. A. Butt
Address,	1245 E. Monument St.
Remarks,	All Well

8920002045

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH A 39311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James C. Anderson 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 24 92
4. Place of Birth, (Street and Number) 1044 Hanover
5. Full Name of Mother, Mary E. Anderson
6. Mother's Maiden Name, " " Gannon
7. Mother's Birthplace, Balto
8. Full Name of Father, William E. Anderson
9. Father's Occupation, Contractor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward [illegible] Dr
2 E August St

Address,

Remarks,

8920002046

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SAFETY FILM

RETURN OF A BIRTH. 39317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	24th April 1892
4.	*Place of Birth, (Street and Number)*	1434 E. Lombard St
5.	*Full Name of Mother,*	Katie Mrinitch
6.	*Mother's Maiden Name,*	Smith
7.	*Mother's Birthplace,*	Russia
8.	*Full Name of Father,*	Jake Mrinitch
9.	*Father's Occupation,*	Carpet weaver
10.	*Father's Birthplace,*	Russia
	Name of Medical Attendant, or other person who makes this Return,	E. Scherman
	Address,	42 Albemarle St
	Remarks,	8920002047

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

39313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24th April
4. *Place of Birth, (Street and Number)*	1701 Federal st
5. *Full Name of Mother,*	Emma Ward
6. *Mother's Maiden Name,*	" Messer
7. *Mother's Birthplace,*	W. Va
8. *Full Name of Father,*	Christopher Ward
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Kentucky
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N Bay st
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the ... child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a ... and place of birth; and the third day of each and every month to the office of the Commissioner of Health. ... Should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

+ 8 9 2 0 0 0 2 0 4 8

RETURN OF A BIRTH A 39314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 24th 1892
4. *Place of Birth, (Street and Number)* 903 Columbia ave
5. *Full Name of Mother,* Galloway
6. *Mother's Maiden Name,* Hinthorn
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo W. Galloway
9. *Father's Occupation,* machinist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. A. L. Spencer M.D.

Address,

Remarks, 8 9 2 0 0 0 2 0 4 9

... shall contain a list of the births which have ... month, and shall set forth as far as the same can be ascertained the ... been conferred), its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner it shall become the ... attendance upon the mother, immediately thereafter it shall become the duty of the ... child to report its birth to the Commissioner of Health, in the manner and ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... by the Commissioner of ... under his or her care during the ... name of each child, if any shall have ... the date and place of birth; and the ... of a certificate the birth of any child ... of midwifery, or should no other person be in ... health, in case no physician or parents of such ... required, and ... provisions of this section shall be sub-

... J. C. BALTZ & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th
4. Place of Birth, (Street and Number) 851 Columbia ave.
5. Full Name of Mother, Henrietta Lang
6. Mother's Maiden Name, " Kubler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Lang
9. Father's Occupation, Tannister
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, D. L. Buddenbock

Address, 418 S. Paca st

Remarks, 1892000 2050

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Apr 25/92
4. *Place of Birth, (Street and Number)* 107 Vincent Ave
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Johnson
9. *Father's Occupation,* Nothing
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

8920002051

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 1892
4. *Place of Birth, (Street and Number)* 1043 Hillen St.
5. *Full Name of Mother,* Si Solomon
6. *Mother's Maiden Name,* S Bernstein
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* J. Solomon
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. M. A Butt

Address, 1245 E. Monument St.

Remarks, Accepted

1892 0 0 0 2 0 5 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 39318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 26. 1892
4. Place of Birth, (Street and Number) 502 Albemarle str
5. Full Name of Mother, Sadie Lamm
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Lamm
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks,

1892000 2053

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. E 39319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Fe Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26 1892
4. *Place of Birth, (Street and Number)*	1411 Keyston St
5. *Full Name of Mother,*	F. Coat
6. *Mother's Maiden Name,*	L Mc Shaw
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	L Coat F
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	W. A Butt.
Address,	1216 E Monument St.
Remarks,	All Well

B 9 2 0 0 0 2 0 5 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-7-56

RETURN OF A BIRTH. A 39370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Anthony Reitz 4th child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th, 1892
4. Place of Birth, (Street and Number) 2018 E. Lanvale St
5. Full Name of Mother, Sophia Reitz
6. Mother's Maiden Name, Klumpenhouer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Reitz
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return, D. E. Gilbert, M.D.

Address, 1118 E. Lanvale St

Remarks,

8920002055

ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 April 1892
4. *Place of Birth, (Street and Number)* 7 Albemarle St.
5. *Full Name of Mother,* Annie E. Robertson
6. *Mother's Maiden Name,* " " Edwards
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John W. Robertson
9. *Father's Occupation,* Printing Pressman
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return. C. Schuman

Address, 42 Albemarle St.

Remarks,

1 8 9 2 0 0 0 2 0 5 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29 April
4. *Place of Birth, (Street and Number)*	702 S. Charles Street
5. *Full Name of Mother,*	Julia ~~Regan~~ McDonough
6. *Mother's Maiden Name,*	~~Baltimore~~ Julia Regan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John McDonough
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Portsmouth Norfolk
Name of Medical Attendant, or other person who makes this Return.	Mrs Ann Taylor
Address,	41 Guilford Alley
	Baltimore Md
Remarks,	

1892 0002057

The Law requires that a Return of a Birth shall be made for the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	29th April
4. Place of Birth, (Street and Number)	1522 N Mulberry St
5. Full Name of Mother,	Julia Rebankaney
6. Mother's Maiden Name,	Muller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frederick Rebankaney
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N Gay St
Remarks,	

8920002058

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 39374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th
4. *Place of Birth, (Street and Number)*	115 E Hamburg St
5. *Full Name of Mother,*	Mary Dixon
6. *Mother's Maiden Name,*	Mary Shaw
7. *Mother's Birthplace,*	Buda City
8. *Full Name of Father,*	William G. Dixon
9. *Father's Occupation,*	Stove Moulder
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return	Edw Greenfield
Address,	517 Scott Street
Remarks,	

8920002059

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 39326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th 92
4. *Place of Birth, (Street and Number)*	805 Cross St
5. *Full Name of Mother,*	Estella Wennard
6. *Mother's Maiden Name,*	Estella Williams
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Albert Wennard
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	Edw Grumpler M.D.
Address,	517 South St
Remarks,	

8920002060

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

CITY OF BALTIMORE

GEO. J. G. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 39326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29/92
4. Place of Birth, (Street and Number) 1000 E. Balto. St.
5. Full Name of Mother, Catherine C. Evans
6. Mother's Maiden Name, " " Spence
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles F. Evans
9. Father's Occupation. Funeral Director
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Edward Dillon M.D.

Address, 204 August st.

Remarks,

8920002061

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 39371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29th 1892
4. *Place of Birth, (Street and Number)* 627 Light St
5. *Full Name of Mother,* Mary Agnes Reddington
6. *Mother's Maiden Name,* Mary Agnes O'neil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Reddington
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 2 0 0 0 2 0 6 2

Form No. 1 to be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 39328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30. 1892
4. Place of Birth, (Street and Number) Carroll St Balto city
5. Full Name of Mother, Julia A Goodrich
6. Mother's Maiden Name, Julia A Linby
7. Mother's Birthplace, St Mary's Co Md
8. Full Name of Father, Lewis H Goodrich
9. Father's Occupation, Painter
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hicks

Address, Carroll St Balto city

Remarks,

1892000 2063

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 39329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 1st 1892.
4. Place of Birth, (Street and Number) 750 Wasche.
5. Full Name of Mother, Mary Conaway.
6. Mother's Maiden Name, Mary Heatty.
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, William Conaway
9. Father's Occupation, Waiter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Ann Cornish

Address, No 811 Boyd st.

Remarks,

1892 00 02064

To secure the registration of births as required by law, the same can be ascertained only by the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 39330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 22 1920

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7 92

4. Place of Birth, (Street and Number) 934 Gilmour St.

5. Full Name of Mother, Alice V. Butterfield

6. Mother's Maiden Name, Phillips

7. Mother's Birthplace, Williamsburg, Va

8. Full Name of Father, David G. Butterfield

9. Father's Occupation, School Teacher

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address, 1801 Madison Ave

Remarks,

1 8920002065

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 39331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7 92
4. Place of Birth, (Street and Number) 846 Roberts St.
5. Full Name of Mother, Catherine Campbell
6. Mother's Maiden Name, Flynn
7. Mother's Birthplace, Brooklyn, N.Y.
8. Full Name of Father, Thos. F. Campbell
9. Father's Occupation, Stationary Engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. N. Christian M.D.

Address, 801 Madison Ave

Remarks,

6920002066

1892 123

been conferred) its sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April, 14, 1892.
4. *Place of Birth, (Street and Number)* 764 Price st.
5. *Full Name of Mother,* Sadie Slater.
6. *Mother's Maiden Name,* Sadie Posey
7. *Mother's Birthplace,* Accomac co Va
8. *Full Name of Father,* William Slater
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* Accomac co Va

Name of Medical Attendant, or other person who makes this Return. Ann Cornish.

Address, 1a 871 Boyd stret.

Remarks,

8920002067

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 34336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 May 1892.
4. *Place of Birth, (Street and Number)* 1435 Eut. Monument St.
5. *Full Name of Mother,* Eliza Holliday
6. *Mother's Maiden Name,* Eliza Lillyer
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Chas. Holliday
9. *Father's Occupation,* Laboring Work.
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Chas. Holliday

Address,

Remarks,

RETURN OF A BIR H. 39337

...ce of Registrar of Vital Statistics, Board of Healt...h, Baltimore City.

No. of Ch... Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (st... whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Apr 29th 1892

Place of Birth, (Street and Number) #1430 E North Ave

Full Name of Mother, Caroline Lauterbach

Mother's Maiden Name, Grimm

Mother's Birthplace, Germany

Full Name of Father, Edward Lauterbach.

Father's Occupation, Butcher

Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm. Dean Gillespie

Address, #1838 E. Monument

Remarks, 8920002067

39338.

To the Offi RETURN OF A BIRTH.

Office of Registrar of ital Statistics, Board of Health, Baltimore City.

ild of

No. of Chi ite of Mother, (state wh her 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or fem) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1892
4. Place of Birth, (Street and Number) 892½ W Lombard St
5. Full Name of Mother, Louise Herme Loose
6. Mother's Maiden Name, Louise Herme Tenhardt
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Bromklin Loose
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mes ann Cornish

Address, 871 Ba 1892 10 0 0 2 0 7 0

A-3933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, April 25th 1892
5. Place of Birth, (Street and Number) 1014 N. Broadway
6. Full Name of Mother, Amelia B. McM
7. Mother's Maiden Name, More
8. Mother's Birthplace, [illegible]
9. Full Name of Father, Robert L.
10. Father's Occupation, [illegible]
11. Father's Birthplace, [illegible]
12. Name of Medical Attendant, or other person who makes this Return, [illegible]
13. Address, 130 E. Eager St
14. Remarks,

18920 002071

Vol: 12
Pg. 129-A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-39891

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Md. (b) County Baltimore
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. 1108 Hanover St.
(If rural give location)

3. Full name of child Otis Gray Wilbur

4. Date of birth May 29 1892
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Reuben H. Wilbur
10. Color or race W 11. Age at time of this birth - yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation -
14. Industry or business -

MOTHER OF CHILD

15. Full Maiden Name Lillie Swindell
16. Color or race W 17. Age at time of this birth - yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation -
20. Industry or business -

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
1108 Hanover St.

23. **I hereby certify** to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

24. Date rec'd by local registrar June 8 1892

25. Signed Dr. James F. McShane
Registrar

26. Given name added 3-13-53 by Registrar per [illegible]

(Signed) R.J.H. Tall M. D.
Physician (or midwife) who attended this birth [redacted]
or Robert E. Lee Yaker M.D.
Commissioner of Health and Registrar

Address [redacted] Date JAN 15 1909

VS 100

No information appears on the original filing for information not appearing on this certificate.

Volume: 12
Page: 130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-39922

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 1570 Alice Ann (If rural give location)

3. Full name of child Charles Robert Staum

4. Date of birth May 31, 1892 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Jos. Staum

10. Color or race White 11. Age at time of this birth ..... yrs.

12. Birthplace Maryland
(City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Mary Beck

16. Color or race White 17. Age at time of this birth ..... yrs.

18. Birthplace Maryland
(City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
1570 Alice Ann

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

(Signed) Mrs. Deisenhofer
Physician (or midwife) in attendance at this birth (Midwife)
or Robert E. Farber, M.D.
Commissioner of Health and Registrar

24. Date rec'd by local registrar June 8, 1892

25. Signed Dr. George F Rohe
Registrar

Address ..... Date July 22, 1971

26. Given name added 7-22-71 by Registrar per SMN

2 0 0 1 0 7

VS 100 No information appears on the original filing for information not appearing on this certificate.

RETURN OF A BIRTH

To the Clerk [illegible] Registrar of Vital Statistics, Board of Health, [illegible]

No. of Child of Mother, (state whether 1st, 2d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

Date of Birth, June 6 1892 4 P.M.

Place of Birth, (Street and Number) 936 N Bath- St

Full Name of Mother, Theresa [illegible]

Mother's Maiden Name, Theresa [illegible]

Mother's Birthplace, Catonsville Balto Co

8. Full Name of Father, Clemens [illegible]

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

RETURN OF A BIRTH A 40047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1 — 1892
4. Place of Birth, (Street and Number) 1105 — Pinkney St.
5. Full Name of Mother, Susan Margaret Black - Bell
6. Mother's Maiden Name, Blank -
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Henry Bell -
9. Father's Occupation, Machinist -
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. E. W. Gilliam (M.D.)

Address, 1213 N. Eden St.

Remarks,

B 9 2 0 0 0 2 0 7 5

RETURN OF A BIRTH A 40043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Louise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	1 June 1892
4. *Place of Birth, (Street and Number)*	562 Dolphin st,
5. *Full Name of Mother,*	Maggie D. Fuller,
6. *Mother's Maiden Name,*	Robinson,
7. *Mother's Birthplace,*	Canada,
8. *Full Name of Father,*	Oscar C. Fuller,
9. *Father's Occupation,*	Paper-hanger,
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	E. L. Engle M. D.
Address,	1007 W. Fayette st
Remarks,	

1892000207 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. SHEAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec 1 June 1892
4.	*Place of Birth, (Street and Number)*	1111 Cross St
5.	*Full Name of Mother,*	Francis B Lewis
6.	*Mother's Maiden Name,*	Francis Brewer
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Brewer
9.	*Father's Occupation,*	Bookseller
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Christina Lewis
	Address,	1107 Harford Ave Baltimore Md.
	Remarks,	8920002077 City

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should two other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1892
4. Place of Birth, (Street and Number) * Fort McHenry
5. Full Name of Mother, Minnie Wells
6. Mother's Maiden Name, " Meacle
7. Mother's Birthplace, Md
8. Full Name of Father, Harry Wells
9. Father's Occupation, Grocer Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E E Grossup

Address, 1611 Market St

Remarks,

1 8 9 2 0 0 0 2 0 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d~~, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st, 1892
4. Place of Birth, (Street and Number) No. 1825 North Broadway
5. Full Name of Mother, Mrs. Annie E. Little
6. Mother's Maiden Name, Miss Annie E. Lubey
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. John A. Little
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm H. Clendenin, M.D.

Address, No. 201 W. 20th Broadway

Remarks,

1 8 9 2 0 0 0 2 0 7 9

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth June 2nd 1892
4. Place of Birth, (Street and Number) No. 15 East Ware St.
5. Full Name of Mother, Fanny Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Tyus
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address, 2111 Maryland Avenue

Remarks, Illegitimate Birth

892000220800

John Murphy & Co., City Printers and Stationers.

The Board of Health shall cause to be furnished by the Commissioner of Health blank forms of schedules for the return of births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1, 92
4. *Place of Birth, (Street and Number)* 2004 E Hoffman St
5. *Full Name of Mother,* Lizzie Shreeves
6. *Mother's Maiden Name,* " Seback
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Shreeves
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Miller 1605 Walbar St

Remarks,

1892000020811

WM J. C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2, '92
4. Place of Birth, (Street and Number) 1602 Mc Donough St
5. Full Name of Mother, Emma Smith
6. Mother's Maiden Name, " Mussby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Smith
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Miller 1605 Walker St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

18920000 2082

RETURN OF A BIRTH A 40050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 1892
4. Place of Birth, (Street and Number) 5 E Preston St
5. Full Name of Mother, Mattie H Pearlman
6. Mother's Maiden Name, Mattie Hooper
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, Benj L Pearlman
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. C B Hamilton M.D

Address, 925 Cathedral

Remarks, 8920002083

Note. This schedule shall contain a list of the births which have occurred [illegible] his or her care during the month, and shall set forth as far as the same can be ascertained the full name, [illegible] each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1892
4. Place of Birth, (Street and Number) 414 Harford Road
5. Full Name of Mother, Martha J Donaghey
6. Mother's Maiden Name, Martha J Leitstick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John F Donaghey
9. Father's Occupation, Protestant
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person making this Return, Jules Bolzite M.D.

Address, 819 Aisquith Street

Remarks,

8920002084

RETURN OF A BIRTH.

4005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Or
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 2 nd
4.	*Place of Birth, (Street and Number)*	810 Burgundy St
5.	*Full Name of Mother,*	Amelia Schmidt
6.	*Mother's Maiden Name,*	Amelia Jenner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Eduard Schmidt
9.	*Father's Occupation,*	Lawyer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Hennyonda Clifton
	Remarks,	8/9/20 D D Pa D 8 Ker

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible]

CITY OF BALTIMORE

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second.

1. *Sex,* (*State whether male or female*) Male.
2. *Race or color,* (*if not of the white race*) White.
3. *Date of Birth,* January 2nd 1892.
4. *Place of Birth,* (*Street and Number*) #1125. Druid Hill Ave.
5. *Full Name of Mother,* Margaret Lynn Ward.
6. *Mother's Maiden Name,* M. A. Palmer
7. *Mother's Birthplace,* Kent Island. Queen Anne Co. Md.
8. *Full Name of Father,* James J. Ward.
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis

Address, 2102 Orleans St

Remarks, Natural delivery.

1 8 9 2 0 0 6 0 2 0 8 6

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 92.
4. *Place of Birth, (Street and Number)*	224 Rockstr.
5. *Full Name of Mother,*	Anna M. ~~Landsmeyer~~ Schmidt
6. *Mother's Maiden Name,*	Anna M. Landsmeyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fritz Schmidt
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Charles H. A. Meyer M.D.
Address,	1019 N. Caroline str.
Remarks,	

1 8 9 2 0 0 0 2 0 8 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2/92
4. *Place of Birth, (Street and Number)* 11 E. Pratt St.
5. *Full Name of Mother,* Anna Rosenberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Rosenberg
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dana Brownstein

Address, cor Pratt & Albemarle Sts

Remarks,

8920002088

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 2/92
4. Place of Birth, (Street and Number) 820 E Pratt St
5. Full Name of Mother, Bery silberman
6. Mother's Maiden Name, Sterin
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Silberman
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. 814 E Pratt St Dana Swartzman

Address,

Remarks,

18920002089

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the time and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child to the office of the Commissioner of Health, or should no other person be in third day of each and every month of a physician or practitioner of midwifery in case the birth person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and shall occur without the period above required, and child to report its or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 2nd 1892
4. Place of Birth, (Street and Number)	701 Barre st.
5. Full Name of Mother,	Sarah E. Laupp
6. Mother's Maiden Name,	" " Hamble
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles H. Laupp
9. Father's Occupation,	Saloon-keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	C. L. Buddenbohn
Address,	417 S. Paca st.
Remarks,	

8920002090

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 2 1892.
4. *Place of Birth, (Street and Number)*	1118 Warner St.
5. *Full Name of Mother,*	Mary Chisley
6. *Mother's Maiden Name,*	Mary Graston
7. *Mother's Birthplace,*	Anne Arundel Co, Md.
8. *Full Name of Father,*	John Chisley
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Anne Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Abrilla Brooks.
Address,	1132 Warner Ste.
Remarks,	Doing well.

8920002091

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2.
4. Place of Birth, (Street and Number) Baltimore City 308 Hoffman Street.
5. Full Name of Mother, Ada ~~Jackson~~ Tabbs.
6. Mother's Maiden Name, Ada Tabbs.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Butler greene.
9. Father's Occupation, Sailor.
10. Father's Birthplace, Virginia
11. Name of Medical Attendant, or other person who makes this Return. Lucy Cornish
12. Address, 218 Camel alley.
13. Remarks,

1892000209 2

The Mother shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened) its sex, color, the full same and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40060.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2. 1892
4. Place of Birth (Street and Number)	331 Bel Air Ave
5. Full Name of Mother	Wilhelmina Mary Schimel Hartmann
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Schimel
9. Father's Occupation	Stable Boss for Bond O. R. R.
10. Father's Birthplace	Bridgeport Penna
Name of Medical Attendant, or other Person who makes this Return.	Wm. D. Corner M.D.
Address	Gardenville Balto Co
Remarks	Fnsl.

8920002

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 40061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* June 3d 1892.

4. *Place of Birth* (*Street and Number*) #227 N. Wolfe st.

5. *Full Name of Mother,* Ada N. Eliza Wright.

6. *Mother's Maiden Name,* Ada N. Eliza.

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* Bradford H. Wright.

9. *Father's Occupation,* Contractor.

10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. John Davis

Address, #2102 Orleans st

Remarks, Forceps - delivery.

8920002094

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the presence of the parents, or one of them, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY REGISTRAR 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1892
4. Place of Birth, (Street and Number) Cor. Bartlet ave & Montabello Ave
5. Full Name of Mother, Catherine Lampe
6. Mother's Maiden Name, " Brake
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L. Lampe
9. Father's Occupation. Box Maker
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Rawlins M.D.

Address, 811 Jefferson Ave - City

Remarks,

B92U002095

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3-d
4. Place of Birth, (Street and Number) 333 N. Paca st
5. Full Name of Mother, Celeste Donnelly
6. Mother's Maiden Name, C. Conelly
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Fred. Donnelly
9. Father's Occupation, Stone mason
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Bortus Trew m.d.

Address, 333 N Paca st

Remarks, 8920002096

JUN 12

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

KODAK SAFETY FILM

RETURN OF A BIRTH. 40064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 3rd 1892
4. Place of Birth, (Street and Number) N 25 S Duncan Alley
5. Full Name of Mother, Emma Cooper
6. Mother's Maiden Name, Emma Knight
7. Mother's Birthplace, Staunton Va
8. Full Name of Father, John E Cooper
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbert Co Md

Name of Medical Attendant, or other person who makes this Return. J. T. Spicknall M.D.

Address, 141 N Patterson Park Ave

Remarks,

8920002097

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 400665.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3 - 1892
4. Place of Birth, (Street and Number) 21 W. Hill -
5. Full Name of Mother, Charlotte Hull
6. Mother's Maiden Name, " Harigan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. A. Hull
9. Father's Occupation, Carriage Trimmer
10. Father's Birthplace, Dorchester Co Md.

Name of Medical Attendant, or other person who makes this Return. Thos. Cooke M.D.

Address, 914 N. Charles

Remarks,

8920002098

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

HEALTH, etc.] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4 June
4. Place of Birth, (Street and Number) 816 N. Spring
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, Balto
8. Full Name of Father, John J Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Gibbs

Address, 1802 E Lexington St

Remarks,

8 9 2 0 0 0 2 0 9 9

Wm J C. Dulany Co., City Printers and Stationers.

...shall be entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 4 1892

4. Place of Birth, (Street and Number) Baltimore End 328 S Fulton Ave

5. Full Name of Mother, Maggie Hess

6. Mother's Maiden Name, Maggie Vorath.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Frederick Hess

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Mary Krauing

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing Well

1 8 9 2 0 0 0 2 1 0 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 4th 1890
4. Place of Birth, (Street and Number) 820 N. Bond st
5. Full Name of Mother, Amelia J. O'Donnell
6. Mother's Maiden Name, " " Conaway
7. Mother's Birthplace, Balto.
8. Full Name of Father, James F. O'Donnell.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Harford Co, Md

Name of Medical Attendant, or other person who makes this Return,

Address, J. A. Gwinn M.D.

Remarks,

1 8 9 2 0 0 0 2 1 0 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Rcd.
3. Date of Birth, June 4th 1892
4. Place of Birth, (Street and Number) # 1260 Johnson.
5. Full Name of Mother, Mary Long
6. Mother's Maiden Name, Mary Rickert.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, John Long,
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Annaria Keller

Address, 1703 Hanover St.

Remarks, Baltimore City

18920002102

month, and shall set forth as far as the same can be ascertained, the [illegible] have occurred in his or her care during the month, and shall set forth as far as the same can be ascertained, the [illegible] name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 4/92
4. Place of Birth, (Street and Number)	403 E. Fourth St.
5. Full Name of Mother,	Celia N. Rhebe
6. Mother's Maiden Name,	Celia N. Deitscher
7. Mother's Birthplace,	Emden, Hanover (Germ
8. Full Name of Father,	Albert Rhebe
9. Father's Occupation,	Baker
10. Father's Birthplace,	Wash. D. C.
Name of Medical Attendant, or other Person who makes this Return.	F. P. Murphy M. D.
Address,	1724 Maryland Ave.
Remarks,	

8920002103

ascertained the full name of each child (if any shall have been born) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 40071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1892
4. Place of Birth, (Street and Number) No 1420 Hanover st
5. Full Name of Mother, Mary Caise
6. Mother's Maiden Name, Mary Kopp
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Philipp Caise
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, E. Hinton

Address, No 1422 Hanover sts

Remarks,

8920002104

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or person in charge, to the person required to make the certificate between the first and third day of each and every month to the office of the Commissioner of Health. It should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form of a certificate as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 40072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d,~~ &c.) .....

1. *Sex*, (*state whether male or female*) .....
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, June 4, 1892
4. *Place of Birth*, (*Street and Number*) 1239 E. Fairmount St
5. *Full Name of Mother*, Rodufina J. Vas
6. *Mother's Maiden Name*, " Meizoso
7. *Mother's Birthplace*, Holland
8. *Full Name of Father*, Jno. R. N. Vas
9. *Father's Occupation*, Baker
10. *Father's Birthplace*, Holland

Name of Medical Attendant, or ~~other person who makes this Return.~~ Geo F Taylor M D

Address, 1254 N. Broadway

Remarks, ...

8920002105

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

To the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person in charge, to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health. In case the birth occurs in the practice of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents required, and shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be set forth as far as the same can be ascertained. And in the event of the failure of any person to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 4 1892
4. Place of Birth, (Street and Number) 1420 Orleans St
5. Full Name of Mother, Charlotte Lewis
6. Mother's Maiden Name, M Brown
7. Mother's Birthplace, Anne Arundel County Md
8. Full Name of Father, James Lewis
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Harper

Address, 123 N Durham St

Remarks,

1 8 9 2 0 0 0 2 1 0 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	2 June
4. *Place of Birth, (Street and Number)*	# 1724 Federal St
5. *Full Name of Mother,*	Iyora Barrold
6. *Mother's Maiden Name,*	Lydia Mardaga
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ferdinand Mardaga
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Christina Lauer
Address,	# 1057 Hartford Ave
Remarks,	Balto City

1 8 9 2 0 0 0 2 1 0 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-40075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1892
4. Place of Birth, (Street and Number) 1131 N Monut St
5. Full Name of Mother, Annie R Einstein
6. Mother's Maiden Name, " " Dunegan
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jacob Einstein
9. Father's Occupation, Salesman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Thos. A. Wolfe M.D.

Address, 914 N. Charles

Remarks,

8920002108

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~Colored~~ Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 5 1892
4. *Place of Birth, (Street and Number)* Baltimore 1227 Jefferson St
5. *Full Name of Mother,* Ida May Morgan
6. *Mother's Maiden Name,* Ida May Roberts
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* James Alford P Morgan
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Chestertown Md

Name of Medical Attendant, or other person who makes this Return, Caroline Peterson

Address, No 401 Lemert Street

Remarks, Doing well

1892000209

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40677.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5 1892

4. Place of Birth, (Street and Number) Jackson st Homestead

5. Full Name of Mother, Sarah O Byrne

6. Mother's Maiden Name, Kidd

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis P Byrne

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore Co Md.

Name of Medical Attendant, or other person who makes this Return, H. Lyons, Westbrook Md.

Address, 237 Gorsuch Avenue

Remarks,

1 8 9 2 0 0 0 2 1 1 0

...as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 40078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5 th 1892

4. Place of Birth, (Street and Number) 1000 William st.

5. Full Name of Mother, Lizzie Apple Günther

6. Mother's Maiden Name,

7. Mother's Birthplace, America

8. Full Name of Father, John Apple

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Lohwasser midwife

Address, 1032 Hanover st

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1892 0002111

RETURN OF A BIRTH. 40079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ~

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, June 5 D 1892
4. Place of Birth, (Street and Number) 715 Eastern ~
5. Full Name of Mother, Sarah Pratt
6. Mother's Maiden Name, Sarah Hammer
7. Mother's Birthplace, Md
8. Full Name of Father, John Pratt
9. Father's Occupation, Pressman Sun Office
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mary Thompkins

Address, 1018 E Fayette

Remarks,

8920002112

Wm J C. Dulany Co., City Printers and Stationers.

such child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of June 1892.
4. *Place of Birth, (Street and Number)* 734 Wolf & Madison st.
5. *Full Name of Mother,* Lillie Schmitt
6. *Mother's Maiden Name,* Lillie Clemson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Schmitt
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Crescintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy.

8920002113

Months and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 6 of June

4. Place of Birth, (Street and Number) 526 N. Washington st

5. Full Name of Mother, Susie Hofman

6. Mother's Maiden Name, Pfaff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Hofman

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm J. Irwin, Jr.

Address, 1917 E Monument st

Remarks,

8 9 2 0 0 0 2 1 1 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 40087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 7/92
4. *Place of Birth (Street and Number)*	832 Hanover st
5. *Full Name of Mother*	Mathilda Allen
6. *Mother's Maiden Name*	Mathilda Will
7. *Mother's Birthplace*	Fairfax court house Virginia
8. *Full Name of Father*	Robert. A. Allen
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	526 Sharp st
Remarks	

8920002115

at the birth of any child, within the City of Baltimore, shall return to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY CLERK

1892

RETURN OF A BIRTH. 40083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1892
4. Place of Birth, (Street and Number) No 1414 Hanover st
5. Full Name of Mother, Clara Virginia ~~Reid~~ Dent
6. Mother's Maiden Name, Clara V. Reid
7. Mother's Birthplace, Jefferson Co Va
8. Full Name of Father, John R Dent
9. Father's Occupation, Rail Roading
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1428 Hanover St

Remarks,

6920002116

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40084.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8 1892
4. Place of Birth, (Street and Number) No 1711 south Charles st
5. Full Name of Mother, Mary Catherine Darrell
6. Mother's Maiden Name, Mary C Bannon
7. Mother's Birthplace, Va Virginia
8. Full Name of Father, Charles Darrell
9. Father's Occupation, Laborer
10. Father's Birthplace, Connecticut

Name of Medical Attendant, or other person who makes this Return. E Hinton

Address, No 1422 Hanover st

Remarks,

8920002117

If any child born alive shall die without having been named, the full name and occupation of its parents, the date and place of birth, and the date of death, as far as the same can be ascertained by the person required to report the birth, shall be reported in the case of each child, and a certificate of such report shall be given by the Registrar, which certificate shall be sufficient authority for the burial of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-8-54

RETURN OF A BIRTH. A 400813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Magdalena Gross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 8th 1900
4. *Place of Birth,* (Street and Number) 526 N. Mount St
5. *Full Name of Mother,* Martha L. Gross
6. *Mother's Maiden Name,* Martha L. Litzau
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Gross
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohlee. M.D.

Address, 1021 W Fayette St

Remarks,

8 9 2 0 0 0 2 1 1 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 9th 92
4. *Place of Birth, (Street and Number)*	413 Druid Hill Ave
5. *Full Name of Mother,*	Susie Peed
6. *Mother's Maiden Name,*	Susie Jones
7. *Mother's Birthplace,*	St Marys Co
8. *Full Name of Father,*	Richard Peed
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Daniel V Mayer MD
Address,	1201 N Edon St
Remarks,	City

1892000211 9

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Commissioner of Health of Baltimore City to cause to be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 91.
4. Place of Birth, (Street and Number) 326 N. Schroeder St.
5. Full Name of Mother, Anna Estella Macken
6. Mother's Maiden Name, Anna Estella Curry
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Harry Macken
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Olle. M.D.

Address, 1203 W Lafayette St

Remarks,

18920002120

Any person who shall wilfully make a false return of the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9, 1892
4. *Place of Birth, (Street and Number)* 1305 Big Gough St
5. *Full Name of Mother,* Machle Rosenberg
6. *Mother's Maiden Name,* Machle Cheifez
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Rosenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, A. Shirman, M.D

Address, 22, South High St

Remarks, ...

1892000212 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1st 1892.
4. *Place of Birth, (Street and Number)*	810 Aisquith St.
5. *Full Name of Mother,*	Florence Lemkuhl
6. *Mother's Maiden Name,*	Woods.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Lemkuhl
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	

8 9 2 0 0 0 2 1 2 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 2nd 1892
4. *Place of Birth, (Street and Number)* 136 Hannan St
5. *Full Name of Mother,* Rosa Rubenhof
6. *Mother's Maiden Name,* Rosa
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Rubenhof
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Victor Klaman

Address, 1177 East Lombard St

Remarks,

1 8 9 2 0 0 0 2 1 2 3

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 2 98

4. *Place of Birth, (Street and Number)* 570 Hoffman St East

5. *Full Name of Mother,* Florence E. Krieger

6. *Mother's Maiden Name,* " Fuge

7. *Mother's Birthplace,* Pa

8. *Full Name of Father,* Frank A. Krieger

9. *Father's Occupation,* Stone Cutter.

10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 1736 E. Fenton St.

Remarks, 8920002124

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2 92
4. *Place of Birth, (Street and Number)*	1610 Clifton Place
5. *Full Name of Mother,*	Katharine Cummings Scott.
6. *Mother's Maiden Name,*	1
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	R. J. Cummings
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	716 E. Preston St.
Remarks,	

1892 0002125

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June 4 5 1897
4. Place of Birth, (Street and Number) 99 Hurley st
5. Full Name of Mother, Mary Tucker
6. Mother's Maiden Name, Mary Stansberry
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John Tucker
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Sarah Wilson

Address, No 115 west Hurley st

Remarks, full 9 months

89200.02126

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] given the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40094.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 6th 1892
4. *Place of Birth, (Street and Number)* 1149 Grand St.
5. *Full Name of Mother,* Sarah Smith
6. *Mother's Maiden Name,* Sarah Freeman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Moses Smith
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Peter Williams

Address, 1170 Eastern Ave.

Remarks,

1 8 9 2 0 0 0 2 1 2 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the physician or other person in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 6th 12th P.M. 1892
4. Place of Birth (Street and Number), 2417 Leadow Ave
5. Full Name of Mother, Mary Schmidt
6. Mother's Maiden Name, M. Cavanaugh
7. Mother's Birthplace, Kansas
8. Full Name of Father, Antone Joseph Francis Schmidt
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. L. E. Donnelly M.D

Address, 1701 Balto St East.

Remarks,

1892 0006126

...ltimore Publishing Co., City Printers and Stationers

...terred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case, a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1892
4. Place of Birth, (Street and Number) 1002 W. Baltimore St
5. Full Name of Mother, Julia Shannon Kurtz
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Otto Kurtz
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos. F. McConnell

Address, 1421 Eutaw Place

Remarks,

1 8 9 2 0 0 0 2 1 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

400917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7, 1892
4. *Place of Birth, (Street and Number)* 419 Hamburg St
5. *Full Name of Mother,* Laura J. Palmer
6. *Mother's Maiden Name,* Laura J. Chandler
7. *Mother's Birthplace,* East Shore Virginia
8. *Full Name of Father,* Henry Palmer
9. *Father's Occupation,* Coal diver
10. *Father's Birthplace,* East Shore Virginia

Name of Medical Attendant, or other person who makes this Return. Millie Gross

Address, 229 York St

Remarks,

1892

B 9200021 30

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40048

RECEIVED 3/28/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: KATHERN ARMSTRONG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* June 8th - 1892.
4. *Place of Birth, (Street and Number)* 1138 N. Calhoun St.
5. *Full Name of Mother,* Kate A. armstrong -
6. *Mother's Maiden Name,* Morris -
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Robert C. armstrong.
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Balto. City. Md.

Name of Medical Attendant, or other person who makes this Return. R. No. Goldsmith, Harlem av. & Calhoun St.

Address,

Remarks, 1892000213 1

been conferred its sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 8th 1892
4. *Place of Birth, (Street and Number)* 512 Oxford st
5. *Full Name of Mother,* Maggie Frances
6. *Mother's Maiden Name,* " " Boyd,
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Francis.
9. *Father's Occupation.* Stevedore
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave.

Remarks,

8920002132

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. Sex, (state whether male or female) 2 Girls (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th (91
4. Place of Birth, (Street and Number) 2513 Canton ave
5. Full Name of Mother, Sallie E Garrett
6. Mother's Maiden Name, Sallie E Parson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James H Garrett
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Rachel A Tyler

Address, 238 S Register St

Remarks, Baltimore Md

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WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...shall have ...Child. If any shall have ...the date and place of birth, and the ...first and ...in case the birth of any child ...be in ...should no other person or parents of such ...required, and ...the period above required, and ...this section shall be sub- ...provisions of this section ...fines and forfeitures are recoverable ...dollars for each offense, to be recovered ...

RETURN OF A BIRTH. A 40101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1892
4. *Place of Birth, (Street and Number)*	No 503 Clement St
5. *Full Name of Mother,*	Kate McAffey
6. *Mother's Maiden Name,*	Kate Balda
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles McAffey
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd St.
Remarks,	

8920002134

...shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of any other person in attendance upon the mother immediately thereafter to make the return and with the particulars of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4010 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1892.
4. Place of Birth, (Street and Number) 242 S. Collington Ave
5. Full Name of Mother, Mary R. Patience
6. Mother's Maiden Name, Mary R. Carter
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, James Patience
9. Father's Occupation, Sea Captain
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, F. F. Eastwood Jr. M.D.

Address, 706 S. Broadway

Remarks, Born 10 a.m. 5 Pounds

1892 006135

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1892
4. Place of Birth, (Street and Number) 1008 Johnson
5. Full Name of Mother, Mollie E. Thompson
6. Mother's Maiden Name, " " Chaney
7. Mother's Birthplace, A. a. C. Md.
8. Full Name of Father, Frederick Thompson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Thos. Cooke M.D.

Address, 914 N. Charles St.

Remarks,

8920002136

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	N.
3. *Date of Birth,*	June 9/92
4. *Place of Birth, (Street and Number)*	1632 E Platt
5. *Full Name of Mother,*	Anne Conroy
6. *Mother's Maiden Name,*	" Masten
7. *Mother's Birthplace,*	B. C.
8. *Full Name of Father,*	John F. Conroy
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Whittemore
Address,	2226 E. Biddle
Remarks,	

1892000237

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10 1892 ~~207 W. Conway~~
4. *Place of Birth, (Street and Number)*	207 W. Conway
5. *Full Name of Mother,*	Algie Wood
6. *Mother's Maiden Name,*	" Doell
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Frank A. Wood
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Thos. Foster M.D.
Address,	916 N. Charles
Remarks,	

1892000213 8

PUBLISHED BY THE BOARD OF HEALTH.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health, as evidence of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (~~state whether male or~~ female) .....
2. Race or Color, (~~if not of the~~ white race) ..... *W*
3. Date of Birth, ... *June 15th 92.*
4. Place of Birth, (Street and Number) ..... *416 W Hoffman St.*
5. Full Name of Mother, ... *M Concenzione Giorgio*
6. Mother's Maiden Name, ... *M Concenzione Wesche*
7. Mother's Birthplace, ... *Baltimore Md.*
8. Full Name of Father, ... *M Conde de Giorgio*
9. Father's Occupation, ... *Teacher of Voice Music*
10. Father's Birthplace, ... *Naples, Italy*

Name of Medical Attendant, or other person who makes this Return, ... *John J Ritzgerald M.D.*

Address, ... *662 W Lexington St.*

Remarks, ...

8920002139

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10 th 1892
4. *Place of Birth, (Street and Number)*	No 1522 Johnson st
5. *Full Name of Mother,*	Emma Repnick
6. *Mother's Maiden Name,*	Emma Brant
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Repnick
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katherine Hagnung
Address,	No 1517 Byrd st
Remarks,	

1892 0002140

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Section 13. The Physician or Midwife in attendance upon the birth which shall have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 10 - 1892
4. Place of Birth, (Street and Number)	1007 Johnson
5. Full Name of Mother,	Julia Coddy
6. Mother's Maiden Name,	" Clarey
7. Mother's Birthplace,	Phil Pa.
8. Full Name of Father,	Thomas F. Coddy
9. Father's Occupation,	Iron Moulder
10. Father's Birthplace,	Phil. Pa.
Name of Medical Attendant, or other person who makes this Return.	Thos. Corke M.D.
Address,	914 N. Charles
Remarks,	

1892000214 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first case, or by a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form A 33, certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1892
4. Place of Birth, (Street and Number) 906 Bavard St.
5. Full Name of Mother, Nellie Miller,
6. Mother's Maiden Name, Nellie McGonigle,
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Miller,
9. Father's Occupation, Miner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson,

Address, 1124 Park ave,

Remarks,

1892000214 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 40110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10. 1892
4. *Place of Birth, (Street and Number)*	904 Hollins St.
5. *Full Name of Mother,*	Mary H. Cavanaugh
6. *Mother's Maiden Name,*	Mary Handrihan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thos. Cavanaugh
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balt. City
Name of Medical Attendant, or other person who makes this Return,	Thos P. McConnick M.D.
Address,	
Remarks,	

1892000214 3

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-23-55

RETURN OF A BIRTH. 40111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Phillips ~~Ginsberg~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June, 1892
4. Place of Birth, (Street and Number) 1121, East Pratt St
5. Full Name of Mother, Pera Ginzburg
6. Mother's Maiden Name, Pera Glazer
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Ginzburg
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr A. H. Schulman

Address, 22, S. High St

Remarks,

18920002144

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1919 J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in his form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 1011 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1st 1892
4. *Place of Birth, (Street and Number)* 321 Henrietta street
5. *Full Name of Mother,* Louisa Doughty
6. *Mother's Maiden Name,* Louisa Smith
7. *Mother's Birthplace,* Accomac co Va
8. *Full Name of Father,* John Doughty
9. *Father's Occupation,* Steadow
10. *Father's Birthplace,* Accomac co Va

Name of Medical Attendant, or other person who makes this Return. Ann Cornish

Address, 871 Boyd st.

Remarks, 1892000 2145

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11
4. *Place of Birth, (Street and Number)* Dallas st 230
5. *Full Name of Mother,* Carolena Hearner
6. *Mother's Maiden Name,* Carolena Zinz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Hearner
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Schm[illegible]

Address, 409 South Bond st

Remarks,

8920002146

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULLEY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-20-57

RETURN OF A BIRTH. A 40114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Charles Chrystal Williams

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 192
4. Place of Birth, (Street and Number) 1933. N Bond
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name, Mary Deeming
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Williams
9. Father's Occupation, Furniture Maker
10. Father's Birthplace, Balto Maryland

Name of Medical Attendant, or other person who makes this Return. E J Simmons

Address, 1025 N Wolfe

Remarks,

8920002147

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 92
4. Place of Birth, (Street and Number) No 1037 McDonough St
5. Full Name of Mother, Elizabeth Dorsey
6. Mother's Maiden Name, Elizabeth McConaghy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Dorsey
9. Father's Occupation, Printer
10. Father's Birthplace, Balto Md,

Name of Medical Attendant, or other person who makes this Return. Thos J. Emmons M.D.

Address, 1025 N Wolfe St

Remarks,

8 9 2 0 0 0 2 1 4 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Boards of Health are hereby authorized to ascertain the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and, place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4 1892

4. Place of Birth, (Street and Number) 1012 N Mount St

5. Full Name of Mother, Emma Malcombe

6. Mother's Maiden Name, Woods

7. Mother's Birthplace, Md

8. Full Name of Father, James Malcombe

9. Father's Occupation, Dyer (Clothing)

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return, Dr J Fetter Loffler

Address, 705 N Gilmor

Remarks, Home

18920002149

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A 40117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 4th inst 1892
4. *Place of Birth (Street and Number),* 2103 Jefferson St
5. *Full Name of Mother,* Emma Neukrotte
6. *Mother's Maiden Name,* Emma Reis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Neukrotte
9. *Father's Occupation,* Coleator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Aisquith St

Remarks,

ferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, that case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8920002150

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 40118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 11, 1892.
4. Place of Birth, (Street and Number) 867 Boyd st
5. Full Name of Mother, Jennie Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, St Mary's County Md
8. Full Name of Father, Daniel Smith
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ann Cornish

Address, # 871 Boyd street

Remarks,

1892000215 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6, 1892.
4. *Place of Birth, (Street and Number)* 866 Boyd st.
5. *Full Name of Mother,* Martha Hearde
6. *Mother's Maiden Name,* Martha Dorsey
7. *Mother's Birthplace,* St Marys co Md
8. *Full Name of Father,* James Hearde
9. *Father's Occupation,* Steadore
10. *Father's Birthplace,* St Marys county Md

Name of Medical Attendant, or other person who makes this Return. Ann Garnish

Address, No 611 Boyd st

Remarks,

8920002152

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEM. J. C. CULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Russell 8rd Worth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6-1892
4. Place of Birth, (Street and Number) 737 W. Franklin St
5. Full Name of Mother, Mrs Mollie Worth
6. Mother's Maiden Name, Miss Mollie Bass
7. Mother's Birthplace, Maryland
8. Full Name of Father, George W. Worth
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. K. Giedler M.D.

Address, 119 W. Saratoga St

Remarks, City.

8920002153

any name shall have been conferred,) its sex, color, the full name and ~~and~~ ard occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 8 the inst
4. Place of Birth (Street and Number), 1630 Monument St
5. Full Name of Mother, Ida M Thompson
6. Mother's Maiden Name, Ida M King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Thompson
9. Father's Occupation, Bank assistant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Pace

Address, 1630 Chew St

Remarks,

8 9 2 0 0 0 1 1 5 4

...ltimore Publishing Co., City Printers and Stationers

...ers), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

401 W.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...d of Mother, (state whether 1st, 2d, 3d, &c.)	(2) Second
...e whether Male or Female)	Female
... Color (if not of the white race)	Colored
... Birth	8 of June
... Birth (Street and Number)	No 626 Montgomery
...me of Mother	Mary Elizabeth Ross
... Maiden Name	Mary Elizabeth Gray
... Birthplace	Baltimore
...me of Father	Albert Ross
... Occupation	Drayman
... Birthplace	Baltimore
... Medical Attendant, or other Person who makes this return	Charity Dr Boulden 808 Stockholm
...	
...8	

1892 0002155

...CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 9th 1892
4. *Place of Birth, (Street and Number)* 19 11 E Lanvale
5. *Full Name of Mother,* Fannie Webb
6. *Mother's Maiden Name,* Dyas
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Marion D Webb
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, M A Dawson

Address, 2024 E Pratt St

Remarks, doing well

8920002156

said schedule shall be delivered, duly signed by the practitioner in the house, a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Thursday June 9th 1892
4. *Place of Birth, (Street and Number)*	224 Dallas street.
5. *Full Name of Mother,*	Lavina Johnson.
6. *Mother's Maiden Name,*	Lavina Cook.
7. *Mother's Birthplace,*	Eastern Shore Md.
8. *Full Name of Father,*	John Davis Johnson
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Dorchester County Md.
Name of Medical Attendant, or other person who makes this Return,	Susan Hooper.
Address,	123 N. Durham st.
Remarks,	

1892U002157

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10/92

4. Place of Birth, (Street and Number) 721 E. Fresalon

5. Full Name of Mother, Mrs Florence L. Carlin

6. Mother's Maiden Name, Florence L. Carlin

7. Mother's Birthplace, Frederick Md.

8. Full Name of Father, Jas J. Cassidy

9. Father's Occupation, Grocer & Feed dealer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Worden

Address,

Remarks,

8920002150

(1) To be paid by the person making this Return.

(2) To be paid by the person making this Return.

(3) To be paid by the person making this Return.

(4) To be paid by the person making this Return.

RETURN OF A BIRTH. A 40126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday June 11th 92 (6.45 AM)
4. Place of Birth, (Street and Number) 545 N Carey St
5. Full Name of Mother, Mary Isabel Disney
6. Mother's Maiden Name, Mary J. Rodenhi
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos Cole Disney
9. Father's Occupation. Commission Merchant
10. Father's Birthplace, A.A. County Md

Name of Medical Attendant, or other person who makes this Return. Elsbeth Fox

Address, 116 W Mulberry St Baltimore Md

Remarks,

8920002159

Geo. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

When any child is born in the City of Baltimore, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12, 1892
4. Place of Birth, (Street and Number) 2414 N. Charles
5. Full Name of Mother, Mrs. Alice Johnston Swiney
6. Mother's Maiden Name, Johnston
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. S. Swiney
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Jas. McCraighill

Address, 1730 N. Charles St

Remarks,

1892000216 0

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12
4. *Place of Birth, (Street and Number)* Marsh Market 110
5. *Full Name of Mother,* Carelena Kline
6. *Mother's Maiden Name,* Carelena Knospiodt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kline
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond

Remarks,

8 0002161

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN [redacted] 10-3-60

RETURN OF A BIRTH A. 40129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Fletcher Lawson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7—

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June-13-92
4. Place of Birth, (Street and Number) 2316 Fairmount Av.
5. Full Name of Mother, Mary Elizabeth Lawson
6. Mother's Maiden Name, " " Jones
7. Mother's Birthplace, City
8. Full Name of Father, Albert Lawson
9. Father's Occupation, Shipsmith
10. Father's Birthplace, Aty

Name of Medical Attendant, or other person who makes this Return. P. G. Daniel

Address,

Remarks,

8920002162

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether ~~1st, 2d,~~ 3d, &c*) .....

1. *Sex,* (*state whether ~~male~~ or female*) .....
2. *Race or Color,* (*if ~~not of the~~ white race*) .....
3. *Date of Birth,* June 4 92.
4. *Place of Birth,* (*Street and Number*) 122 N. Edmonson Av.
5. *Full Name of Mother,* Agnes Baker.
6. *Mother's Maiden Name,* Agnes Hurst.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Chas. Baker.
9. *Father's Occupation.* Porter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Dr. J. F. Lahey.

Address, 124 Light St.

Remarks, ...

8 9 2 0 0 0 2 1 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1622 E Eager St
4. Place of Birth, (Street and Number) 7 June
5. Full Name of Mother, Emma Rode
6. Mother's Maiden Name, Erdman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Rode
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Fitzke

Address, 114 South Bond St.

Remarks,

8920002164

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 6 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17 1903
4. *Place of Birth, (Street and Number)*	1723 North Jefferson St
5. *Full Name of Mother,*	Rose Nellie Brune
6. *Mother's Maiden Name,*	Brune
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Nell
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Getzke
Address,	# 114 South Bond St
Remarks,	

1 8 9 2 0 0 0 2 1 6 5

said schedule shall be delivered, duly signed by the practitioner in the ... of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40133.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(1st) First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9 1892
4. Place of Birth (Street and Number)	31 Bal Air Ave
5. Full Name of Mother	Ida Jones
6. Mother's Maiden Name	Ida Unclebach
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George Jones
9. Father's Occupation	Marble cutter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm D Lorse Md
Address	Jardenville Baltco
Remarks	

8920002 Fred

...alvise at the birth of any child, within the City of Baltimore, shall [illegible] to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 40134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 10 June 1892

4. Place of Birth, (Street and Number) 408 Gen st.

5. Full Name of Mother, Augusta Roth.

6. Mother's Maiden Name, Lenz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Roth.

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, 1907 E Monument

Remarks,

1892

1892 CITY REGISTER

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

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WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 10th 1892
4. Place of Birth, (Street and Number) Baltimore Md 309 Parker St
5. Full Name of Mother, Walentina Lostowski
6. Mother's Maiden Name, Walentine Klesiewski
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Lostowski
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Kearney

Address, 414 Lucken St Baltimore Md

Remarks, Mother and Child are doing well

18920002168

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d,~~ &c) Elizabeth Hildebrandt

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 1902.
4. Place of Birth, (Street and Number) 1325 N. Fricker St.
5. Full Name of Mother, Mrs. Florence Hildebrandt
6. Mother's Maiden Name, Miss Florence Dykings
7. Mother's Birthplace, Md.
8. Full Name of Father, William Hildebrandt
9. Father's Occupation. Designer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Dr. L. Kahn

Address, 1224 Light St.

Remarks, Full given name of child added by me upon application for a transcript. 2/7/1936 Anna L. Kuhn M.D.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 40437.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 12th 1892
4. *Place of Birth (Street and Number)*	900 Sterling St.
5. *Full Name of Mother*	Mary Catherine O'Brien
6. *Mother's Maiden Name*	" William
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Joseph O'Brien
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	City Woodsman
Address	
Remarks	

8920002170

RETURN OF A BIRTH. 40138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, June 12th 1892
4. *Place of Birth*, (*Street and Number*) No: 36 Maiden Choice Lane
5. *Full Name of Mother*, Annie Steinwedel
6. *Mother's Maiden Name*, Annie Cool
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Louis Steinwedel
9. *Father's Occupation*, Gardener
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8920002171

said schedule shall be delivered, duly signed by the practitioner [illegible] form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or ~~female~~) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12th
4. Place of Birth, (Street and Number) #730 Georges St
5. Full Name of Mother, Agnes McKell
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Balto City
8. Full Name of Father, S. H. McKell
9. Father's Occupation, Cigar Manufac'r
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, #649 W Lafayette Ave

Remarks,

8920002172

Any midwife who shall fail or neglect to ascertain and report as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH. 40140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 & child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 June
4. *Place of Birth, (Street and Number)*	106 South Bethel St
5. *Full Name of Mother,*	Lizzie (Rode) Rau
6. *Mother's Maiden Name,*	Storke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John (Rode) Rau
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Getzke
Address,	#114 South Bond St
Remarks,	Raymond Rau.

1892 0002173

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1*st*, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*State whether*~~ *male* ~~*or female*~~)
2. *Race or color,* (~~*C*~~ *not of the white race*) Col'd
3. *Date of Birth,* June 13. 1892
4. *Place of Birth,* (*Street and Number*) 418 Druid Hill ave.
5. *Full Name of Mother,* Rosa. Jait Curtis
6. *Mother's Maiden Name,* Ms.
7. *Mother's Birthplace,*
8. *Full Name of Father,* Zacharias Jait
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Ms.

Name of Medical Attendant, or other person who makes this Return. Pearce Kountzman MD

Address, 601 Franklin St

Remarks, No

8 9 2 U 0 0 2 1 7 4

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery (if the person or parents of such child to report its birth to the Commissioner of Health, in case the birth of any be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

THE J. C. BUCHANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 7-31-55

RETURN OF A BIRTH.

A 40142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Garten

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13. 1892
4. Place of Birth, (Street and Number) 1440 Patapsco . St
5. Full Name of Mother, Mary . M. Garten
6. Mother's Maiden Name, Mary . M. Zilonka
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian. H. Garten
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Germany

Name of ~~Medical~~ Attendant, or other person who makes this Return, Ellenora . A. anderson

Address, 1434 Patapsco . St

Remarks,

The full name of each child born alive in the City of Baltimore, or which has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

1892 0002175

GIVEN NAME ADDED 4-3-57

RETURN OF A BIRTH. A40143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Edward John Ward 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 14th 92
4. Place of Birth, (Street and Number) 1632 N Calvert St.
5. Full Name of Mother, Emma Ward.
6. Mother's Maiden Name, Albert
7. Mother's Birthplace, Md
8. Full Name of Father, Wilbur F Ward,
9. Father's Occupation, Secretary
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr W P Morgan

Address, 315 N Eutaw

Remarks,

8920002176

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

1892

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — second —

1. *Sex, (state whether male or female)* — Female —
2. *Race or Color, (if not of the white race)* — White —
3. *Date of Birth,* First of June 1892.
4. *Place of Birth, (Street and Number)* 110 S Hollins St
5. *Full Name of Mother,* — Fannie F. Lee —
6. *Mother's Maiden Name,* Fannie F. Conway
7. *Mother's Birthplace,* — Baltimore Md —
8. *Full Name of Father,* William R. Lee
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St.

Remarks,

8 9 2 0 0 0 2 1 7 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 40145.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 1st 1892
4. *Place of Birth (Street and Number),* Wilson St Waverly Annex
5. *Full Name of Mother,* Flora A Cullum
6. *Mother's Maiden Name,* " Spence
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* J. W. Cullum
9. *Father's Occupation,* Police Sgt
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss M.D.

Address, 809 Gorsuch Ave.

Remarks,

1 8 9 2 0 0 0 2 1 7 8

Baltimore Publishing Co., City Printers and Stationers.

Full name and occupation of the parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40146.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 June 1892
4. Place of Birth, (Street and Number) 722 Granby St.
5. Full Name of Mother, Katie Benson
6. Mother's Maiden Name, Dubin
7. Mother's Birthplace, Russia
8. Full Name of Father, Jac Benson
9. Father's Occupation, Grocer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schumann

Address, 42 Albemarle St

Remarks,

8920002179

said schedule shall be delivered, duly signed by the practitioner in the presence of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40147.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 3rd June 1892

4. Place of Birth, (Street and Number) 619 Mulberry St

5. Full Name of Mother, Mary Adams Whittington

6. Mother's Maiden Name,

7. Mother's Birthplace, Worcester Co Md

8. Full Name of Father, Chas P. Adams

9. Father's Occupation, Electrician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. W. Webster M.D

Address, 403 Hanover St

Remarks,

+ 8 9 2 0 0 0 2 1 8 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

upation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Comm
shall occur without the attendance of a physician or practit
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be rec

RETURN OF A BIRTH. 40148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 June
4. Place of Birth, (Street and Number) 216 Hanover St
5. Full Name of Mother, Helen Louis
6. Mother's Maiden Name, Fainfeldstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Louis
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S Sherman

Address, 1 & 2 Albemarle St

Remarks,

8920002181

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th
4. Place of Birth, (Street and Number) 209 W. Mulberry st
5. Full Name of Mother, Mrs. George D. Murphy
6. Mother's Maiden Name, Catherine Moan
7. Mother's Birthplace, Ireland
8. Full Name of Father, George D. Murphy
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 23 N. Poppleton St

Remarks,

1 8 9 2 0 0 0 2 1 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 40150

GIVEN NAME ADDED, 9-24-62

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William V. Rodgers

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 1892.
4. Place of Birth, (Street and Number) 218 Arlington Ave.
5. Full Name of Mother, Annie Birther Rodgers Muellenheim
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John William Rodgers
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

18920002183

Health. This schedule shall contain a list of the births, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 7th
4. *Place of Birth, (Street and Number)* 730 Mulberry st
5. *Full Name of Mother,* Mary Ann Dischinger
6. *Mother's Maiden Name,* " " Scheve
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Pius Dischinger
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Landshausen Baden

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

8920002184

Wm J C. Dulany Co., City Printers and Stationers.

CHILD'S NAME ADDED 3-7-55

40167

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Vernon Lee Smith First Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 7 1892
4. Place of Birth (Street and Number),	1827 Jefferson
5. Full Name of Mother,	Ella Smith
6. Mother's Maiden Name,	Ella Flynn
7. Mother's Birthplace,	New York
8. Full Name of Father,	Wm Smith
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Waldo.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D
Address,	179 S Broadway
Remarks,	

1892000218 5

and shall set forth as far as the same can be ascertained the full name of each child, if any, born alive at one birth, and the order of its birth; and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 40153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 June 1892
4. *Place of Birth, (Street and Number)*	28 Barnes Alley
5. *Full Name of Mother,*	Yetta Greenberg.
6. *Mother's Maiden Name,*	Friedl.
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Mike Greenberg.
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	E. Sherman
Address,	42 Albemarle St
Remarks,	

8920002186

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

H0134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 9th 1892
4. *Place of Birth (Street and Number),* 1313 Mosher st
5. *Full Name of Mother,* Isabella Ramsey Ecker
6. *Mother's Maiden Name,* Isabella Ramsey Barnes
7. *Mother's Birthplace,* Frederick County Md
8. *Full Name of Father,* Harrison Ecker
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Carroll County Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 912 W. Franklin st

Remarks, 8920002187

This schedule shall contain a list of the name of each child, (if any shall have been born alive since the last return,) and the full name of each child, if any shall have been born alive since the last return, and shall not be ascertained the full name of each child, (if any shall have been born alive since the last return,) and the full name and shall set forth as far as the same can

RETURN OF A BIRTH. A 401355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11th 92
4. *Place of Birth, (Street and Number)*	1823 Linden Ave
5. *Full Name of Mother,*	Sophie Schloss
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Louis J. Schloss.
9. *Father's Occupation.*	Merchant
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return.	Thomas Okie md
Address,	600 N. Howard St
Remarks,	

1 8 9 2 0 0 0 2 1 8 8

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. No. 40156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 th. 1892
4. Place of Birth, (Street and Number) 618 W. Lexington
5. Full Name of Mother, Rosanna Loos
6. Mother's Maiden Name, " Kreitz
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Loos
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, L. L. Buddenbaum

Address, 418 S. Paca st.

Remarks,

18920002189

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 4th 1892.
4. *Place of Birth, (Street and Number)*	#413 Lexington St.
5. *Full Name of Mother,*	Belle Wilson.
6. *Mother's Maiden Name,*	Virginia.
7. *Mother's Birthplace,*	Johns Hopkins.
8. *Full Name of Father,*	Bricklayer.
9. *Father's Occupation,*	Baltimore.
10. *Father's Birthplace,*	Geo. Bruns.
Name of Medical Attendant, or other person who makes this Return,	#1600 W. Chester St.
Address,	
Remarks,	18920002190

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) ~~Boy~~ Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12 92

4. Place of Birth, (Street and Number) 1424 E. Pratt st.

5. Full Name of Mother, Sarah Smith

6. Mother's Maiden Name, Sarah Winer

7. Mother's Birthplace, Russia

8. Full Name of Father, Barnet Smith

9. Father's Occupation, Taylor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetta Feldman

Address, 1013 E. Lombard St.

Remarks, Mid wife

8920002191

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	14 June 1892
4. *Place of Birth, (Street and Number)*	1924 Division St,
5. *Full Name of Mother,*	Emma P. McClayton,
6. *Mother's Maiden Name,*	Stevens,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Robt. J. McClayton,
9. *Father's Occupation,*	Lumber Merchant,
10. *Father's Birthplace,*	Balt City,
Name of Medical Attendant, or other person who makes this Return.	J. F. Snyder M. D.
Address,	1007 W. Lanvale
Remarks,	

1892000219 2

month, and shall set forth as far as the same can be ascertained the full name and place of birth, and the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the latter or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 40160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st*~~, *2d*, ~~*2d, &c.*~~) .....

1. *Sex*, (~~*state whether male or*~~ *female*) .....
2. *Race or Color*, (~~*if not of the*~~ *white race*) June 15th 92.
3. *Date of Birth*, 242 N Schnellen St.
4. *Place of Birth*, (*Street and Number*) Olga Bernat.
5. *Full Name of Mother*, Olga Ernst.
6. *Mother's Maiden Name*, Baltimore City Md.
7. *Mother's Birthplace*, Conrad Behrent.
8. *Full Name of Father*, Baker.
9. *Father's Occupation*, Germany
10. *Father's Birthplace*, John J. Wozencraft M.D.

Name of Medical Attendant, or other person who makes this Return, 662 W Lexington St.

Address, ...

Remarks, 8920002193

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the ~~time~~ and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 40161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 16th 1894

4. Place of Birth, (Street and Number) 68 S. Carrollton Ave

5. Full Name of Mother, Caroline Daily Humphreys

6. Mother's Maiden Name,

7. Mother's Birthplace, Jersey City N. York

8. Full Name of Father, John Francis Daily

9. Father's Occupation, Farmer Co. Longford

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Joseph L. Wunder M.D.

Address, 1075 W. Fayette St.

Remarks, Right Ovary Tissue Tumor.

Remarks 8 20-0-02 1 94

This Return is for the purpose of obtaining the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately on the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-25-59

RETURN OF A BIRTH. A 40167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Russell Matthews 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th June 1892
4. Place of Birth, (Street and Number) 832. William st
5. Full Name of Mother, Alice Matthews
6. Mother's Maiden Name, Tull
7. Mother's Birthplace, Worcester Co Md
8. Full Name of Father, M F. Matthews
9. Father's Occupation, Hatter
10. Father's Birthplace, Worcester Co Md

Name of Medical Attendant, or other person who makes this Return. H. W. Wehster M D

Address, 403 Hanover st

Remarks,

8920002195

month, and shall set forth as far as the same can be ascertained the full name, date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 17 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1892
4. Place of Birth, (Street and Number) 1938 E Eager St.
5. Full Name of Mother, Hannie Shafer
6. Mother's Maiden Name, Reames
7. Mother's Birthplace, Charles Shafer
8. Full Name of Father, Carpenter
9. Father's Occupation, Baltimore
10. Father's Birthplace, Mary Kopitis
Name of Medical Attendant, or other person who makes this Return, 205 Washington St.
Address,
Remarks, 1892000219 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 401 64

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1892
4. Place of Birth, (Street and Number) 224 N Washington st
5. Full Name of Mother, Annie Franke
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Charles Franke
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kopke

Address, 205 N Washington st

Remarks,

8920002197

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or subject to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Rosalie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 1 1892.
4. Place of Birth, (Street and Number) No 1011 Fourth ave.
5. Full Name of Mother, Lizzie Cunningham
6. Mother's Maiden Name, Lizzie Ruggles.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Andrew Cunningham.
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

8 9 2 U 0 0 2 1 9 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd 1892

4. Place of Birth, (Street and Number) 2109 W. Lexington st

5. Full Name of Mother, Clara Belle Lebouft

6. Mother's Maiden Name, Little

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Howard L. Lebouft

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Jas. E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

18920002199

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 40167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 192
4. Place of Birth, (Street and Number) 1421 Washington
5. Full Name of Mother, Sidney H. Somerville nee
6. Mother's Maiden Name, Sidney H. Archibald
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Valentine L Bauerson
9. Father's Occupation, Lather
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lena Walters

Address, 1218 Bayard st Baltimore

Remarks,

8920002200

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40168

CERTIFICATE CORRECTED 12/2/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Dreier

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 10/92
4. Place of Birth, (Street and Number)	1459 Columbia av
5. Full Name of Mother,	Marie [redacted] Dreier
6. Mother's Maiden Name,	Marie
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Michael [redacted] Dreier
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Lina Walters
Address,	1218 Bayard st Baltimore
Remarks,	

8920002201

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Ave

40169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Harry Weinberg

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12th 1892.
4. Place of Birth, (Street and Number) 205 S. Central Ave.
5. Full Name of Mother, Raja Weinberg
6. Mother's Maiden Name, Raja Kasanotzky
7. Mother's Birthplace. Poland
8. Full Name of Father, Schimmel Weinberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. L. Grzywatch

Address, 1415 E. Pratt Ste.

Remarks,

1 8 9 2 0 0 0 2 2 0 2

Wm J C. Dulany Co., City Printers and Stationers.

...ation of its parents, the date and place of birth; and the ...sons conferred, its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Comm... practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practi... it, shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it sha... and within the period above required, and ...th, in the manner ...child to report its birth to the Commissioner of Health, in th... to comply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail ...jected to the fine of ten (10) dollars for each offence, to be rec... other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	Dec 18 1892
4.	*Place of Birth, (Street and Number)*	#2026 N Bryson St.
5.	*Full Name of Mother,*	Theresia Cutler.
6.	*Mother's Maiden Name,*	Theresia Radelaker
7.	*Mother's Birthplace,*	Germany.
8.	*Father's Full Name,*	George Cutler.
9.	*Father's Occupation,*	Truck driver.
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Christina Lauer.
	Address,	1259 Harford Ave Balto. Md
	Remarks,	City

1 8 9 2 0 0 0 2 2 0 3

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14, 1892.
4. Place of Birth, (Street and Number) Ninth st. ext.
5. Full Name of Mother, Emma Robb.
6. Mother's Maiden Name, Emma Tompkins
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Gwin P. Robb.
9. Father's Occupation, Lather.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

8 9 2 0 0 0 2 2 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-6-57

RETURN OF A BIRTH. A-4017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary E. Weber

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 15th 1892
4. Place of Birth, (Street and Number)	1609 Riggs Ave
5. Full Name of Mother,	Mary Eva Weber
6. Mother's Maiden Name,	Mary Eva Miller
7. Mother's Birthplace,	Upper Falls Balto Co Md
8. Full Name of Father,	Fred O Weber
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Catonsville Balto Co Md
Name of Medical Attendant, or other person who makes this Return,	Geo C Craab
Address,	409 South Poppleton
Remarks,	

8920002205

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5 Ward.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W.
3.	*Date of Birth,*	June 15 / 92
4.	*Place of Birth, (Street and Number)*	249 S. Broadway
5.	*Full Name of Mother,*	Catherine Bucher
6.	*Mother's Maiden Name,*	Catherine Roth
7.	*Mother's Birthplace,*	[illegible]
8.	*Full Name of Father,*	Frederick Bucher
9.	*Father's Occupation,*	Jeweller
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Geo. L. Billstein
	Address,	226 S. Broadway
	Remarks,	

8920002206

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Registrar of Vital Statistics, who shall issue a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or if there should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

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RETURN OF A BIRTH 4017 F

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1892. 4 a. m.
4. Place of Birth, (Street and Number) 1208 N Wolfe St
5. Full Name of Mother, Rosa Ascher
6. Mother's Maiden Name, Rosa Wallach
7. Mother's Birthplace, Germany
8. Full Name of Father, Leopold Ascher
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton M.D.

Address, 1136 N Eutaw

Remarks,

8 9 2 0 0 0 2 2 0 7

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

H0176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1892
4. *Place of Birth, (Street and Number)*	2113 N Calvert St
5. *Full Name of Mother,*	Elizabeth Mitchell
6. *Mother's Maiden Name,*	" Sanders
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Rowland G Mitchell
9. *Father's Occupation,*	Penna R.R. Conductor
10. *Father's Birthplace,*	Cambridge, Md.
Name of Medical Attendant, or other person who makes this Return.	D W Cathell M.D.
Address,	
Remarks,	

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 6th 1892
4. Place of Birth, (Street and Number) 1129 Harrison St.
5. Full Name of Mother, Dora Bernstein
6. Mother's Maiden Name, Sheckman
7. Mother's Birthplace, Poland
8. Full Name of Father, Nathan Bernstein
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dora Bernstein

Address, 1038 E. Monument St

Remarks,

8 9 2 0 0 0 2 2 0 9

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month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 8. 1892.
4. Place of Birth, (Street and Number) 513 Elbow Lane
5. Full Name of Mother, Mary L. Harmons
6. Mother's Maiden Name, Mary L. Carter
7. Mother's Birthplace, Accomac C. H.
8. Full Name of Father, Henry Carter
9. Father's Occupation, Cape Charles City Va
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Emily Hughes

Address, 131 N. Aisquith Alley

Remarks, No Remarks

1892 000 2210

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

40178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight children

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June the 8th 1892
4. Place of Birth, (Street and Number) 612 Bruce street
5. Full Name of Mother, Molly L. Rich
6. Mother's Maiden Name, Molly L. Jones
7. Mother's Birthplace, St Mary's County
8. Full Name of Father, Handridge Rich
9. Father's Occupation, Coal Mining
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Caroline Queen

Address, 1018 Rutage street

Remarks,

8920002211

month, and shall set forth as far as the same can be ascertained the full name, sex, color, and date and place of birth of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10 1892
4. Place of Birth, (Street and Number) 1322 s Charles st.
5. Full Name of Mother, Dora Mehly
6. Mother's Maiden Name, Deibler
7. Mother's Birthplace, America
8. Full Name of Father, John Mehly
9. Father's Occupation, Baker
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Lohwasser midwife

Address, 1032 Hanover st.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH 40180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 11 1892
4. Place of Birth, (Street and Number)	407 N Eutaw St
5. Full Name of Mother,	Henrietta Plaut ~~Schwartzya~~
6. Mother's Maiden Name,	Henrietta Schneeberger
7. Mother's Birthplace,	U S
8. Full Name of Father,	Meyer Plaut
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald
Address,	310 N Eutaw St
Remarks,	

8920002213

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, 11 June 1892
4. Place of Birth, (Street and Number) 129 Chappel Balto
5. Full Name of Mother, Rosie Brown
6. Mother's Maiden Name, Rosie Cain
7. Mother's Birthplace, Eastern Shore Dorchester Co Md
8. Full Name of Father, Charles Henry Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, George Brooks

Address, 92 E Ronald

Remarks,

8920002214

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June, 12th 1892
4. Place of Birth, (Street and Number)	#128. Montgomery St.
5. Full Name of Mother,	Sarah E White
6. Mother's Maiden Name,	Sarah E. Hays.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Isaiah White
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Talbot County Md.
Name of Medical Attendant, or other person who makes this Return,	Willie Brose.
Address,	#229. N. York St.
Remarks,	

1892000225

...name, and residence of each parent, the date and place of birth; and the ... conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If no case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40183.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth June 12th 1892
4. Place of Birth (Street and Number) 1827 N. Bond St
5. Full Name of Mother Mary M. Boarman
6. Mother's Maiden Name Groneman
7. Mother's Birthplace Baltimore City
8. Full Name of Father William D. Boarman
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Frank W Lyman M D

Address 322 N Greene St

Remarks

8920002216

advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Births. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner himself, to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 13th 1892
4. *Place of Birth,* (*Street and Number*) #312 N. Gay St
5. *Full Name of Mother,* Theresa Trammell
6. *Mother's Maiden Name,* " Deaver
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Chas. Trammell
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deaver Stillgeen

Address, #1038 E. Monument St

Remarks,

1 8 9 2 0 0 0 2 2 1 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40186.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13th 1892
4. *Place of Birth, (Street and Number)* Baker Street 522.
5. *Full Name of Mother,* Mollie Fenwick
6. *Mother's Maiden Name,* Mollie Moore.
7. *Mother's Birthplace,* St Marys County
8. *Full Name of Father,* Jeff Fenwick
9. *Father's Occupation,* Fisherman
10. *Father's Birthplace,* St Marys County.

Name of Medical Attendant, or other Person who makes this Return. Mrs Virginia Wheeler

Address,

Remarks,

1892000221 8

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 4018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 14 1892
4. Place of Birth, (Street and Number)	405 N Saratoga St
5. Full Name of Mother,	Adela Davidson
6. Mother's Maiden Name,	Pollack
7. Mother's Birthplace,	U S
8. Full Name of Father,	Isaac Davidson
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw St

Remarks, Full name of child added by mother May 16-1932.

Adele P. Davidson Mother 2 0 0 2 2 6 4 Wkns - Reg.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* 14th June 1892
4. *Place of Birth, (Street and Number)* 1125 Mulle Lane Balto Md.
5. *Full Name of Mother,* Della Parenfort
6. *Mother's Maiden Name,* Ella Dale.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Parenfort,
9. *Father's Occupation,* L. Labor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harriet Jackson.

Address, 1029 Rogers Avenue.

Remarks, 18920002220

month, and shall set forth as far as the same can be ascertained the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner aforesaid, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-15-57

RETURN OF A BIRTH

A 40188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Gross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th 1892
4. Place of Birth, (Street and Number) # 209. Henrietta st.
5. Full Name of Mother, Martha Gross
6. Mother's Maiden Name, Martha Blackston
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, David Gross
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Millie Gross.

Address, # 229 W. York st.

Remarks,

1892000222

Births shall be registered by the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L 40189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 15th 1892.
4. *Place of Birth, (Street and Number)*	764 Dolphin St.
5. *Full Name of Mother,*	Mamie E. Rapp
6. *Mother's Maiden Name,*	Ross.
7. *Mother's Birthplace,*	New York City N. Y.
8. *Full Name of Father,*	Edward J. Rapp
9. *Father's Occupation,*	Coal Merchant
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

1892000222

JOHN B. PIET, PRINTER & STATIONER, BALT.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 16th 1892
4. *Place of Birth, (Street and Number)*	# 503 Pulaski Str
5. *Full Name of Mother,*	Mrs Lizzie Schlining
6. *Mother's Maiden Name,*	Miss Gable
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Louis Schlining
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	

18920002223

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~8~~ 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18 — 1892
4. Place of Birth, (Street and Number) No 1020 Vincent alley
5. Full Name of Mother, Charthren Smith
6. Mother's Maiden Name, Charthren Reece
7. Mother's Birthplace, Calvert County
8. Full Name of Father, Charlie Reed
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Rachel Reece

Address, 1020 Vinant alley

Remarks,

18920002224

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 40192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or~~ female)
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 6.18.92.
4. Place of Birth, (Street and Number) 208 Rock st.
5. Full Name of Mother, Laura Richie
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto md
8. Full Name of Father, ? mother unmarried
9. Father's Occupation, ?
10. Father's Birthplace, ?

Name of Medical Attendant, or other person who makes this Return. Wm Eastman

Address, 772 W. Lexington

Remarks, Natural labor.

1892000 2225

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 40193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 12 1892
4. Place of Birth (Street and Number),	City parish alley
5. Full Name of Mother,	Sarah Smith
6. Mother's Maiden Name,	Sandridge Weaver
7. Mother's Birthplace,	Caldwell Co
8. Full Name of Father,	William Smith
9. Father's Occupation,	labor
10. Father's Birthplace,	Frederic Co
Name of Medical Attendant, or other person who makes this Return.	Jane Weaver
Address,	1131 parish alley
Remarks,	

1892 U 0002226

Baltimore Publishing Co., City Printers and Stationers

parent, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendence upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2-

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, Jun 18 96
4. Place of Birth, (Street and Number) 1108 Orleans.
5. Full Name of Mother, Kate Heyn
6. Mother's Maiden Name, Horn
7. Mother's Birthplace, B. C
8. Full Name of Father, John H Heyn
9. Father's Occupation, Merchant
10. Father's Birthplace, B C

Name of Medical Attendent, or other person who makes this Return, Dr. Miller

Address, 1207 Eutaw St

Remarks,

1 8 9 2 0 0 0 2 2 2 7

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Winfield ~~Washington~~ Scott

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 18th 1892
4. *Place of Birth, (Street and Number)*	# 1830 W Lombard Str
5. *Full Name of Mother,*	Mrs Mary Scott
6. *Mother's Maiden Name,*	Miss " Driggies
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Winfield Scott
9. *Father's Occupation,*	Pottery
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	CHECK REMOVED 10-20-52

1892000022228

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No 40196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 18th 1892
4. *Place of Birth, (Street and Number)*	# 1919 Pratt Str
5. *Full Name of Mother,*	Mrs Mary Bodensick
6. *Mother's Maiden Name,*	Miss " Badenbach
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William Badensick
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hillert
Address,	2127 W Pratt Str
Remarks,	

1892000 2229

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1892
4. Place of Birth, (Street and Number) #1723 Riggs Avenue
5. Full Name of Mother, Ella E. Knode
6. Mother's Maiden Name, Ella E. Schlosser
7. Mother's Birthplace, Washington Co Md
8. Full Name of Father, William H. Knode
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Washington Co Md

Name of Medical Attendant, or other Person who makes this Return L. L. Sparrow M D

Address, #1037 N. Fulton Avenue

Remarks,

18920000230

any name shall have been registered, its sex, color, age and name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and should no other person be in attendance upon the mother, immediately after the birth, in the case of a practitioner of midwifery, or a physician, or of a practitioner of midwifery, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1 st 1892
4. Place of Birth, (Street and Number) Lombard st No 322
5. Full Name of Mother, Mary Kegwood
6. Mother's Maiden Name, Mary Owens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Kegwood
9. Father's Occupation, Clerke
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Mitchell

Address, No 216 Parkins St

Remarks,

1892000223 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3. 1892.
4. *Place of Birth, (Street and Number)* 40 Carroll St.
5. *Full Name of Mother,* Katie Rheinhardt Stein
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Peter Keiger.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J B Mullins M.D.

Address, 952 Frederick Ave Ext.

Remarks,

+ 8 9 2 U 0 0 2 2 3 2

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40200.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5 / 92
4. Place of Birth, (Street and Number) 413 Madison St East
5. Full Name of Mother, Annie Kinmitt
6. Mother's Maiden Name, Annie Donohue
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Kinmitt
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs L Hooker

Address, 916 Lexington Ave

Remarks,

+ 8 9 2 0 0 0 2 2 3 3

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

...tion of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner ...the Commissioner of Health, or should no other person be in ...third day of each and every month to the office of the Commissioner ...practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practitioner ...it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter, in the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the time ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 40701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1892
4. Place of Birth, (Street and Number) 204 E. Balto St.
5. Full Name of Mother, Beulah V. Durham
6. Mother's Maiden Name, Brannon
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robt L. Durham
9. Father's Occupation. Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. John Scott M.D.

Address, 704 Eutaw Pl.

Remarks,

8 9 2 0 0 0 2 2 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1891. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1892
4. *Place of Birth, (Street and Number)* 1828 Light St
5. *Full Name of Mother,* Mary Penniman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Wm John Conart
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E. A. Dilly.

Address, # 1828. Light St.

Remarks, Doing well

1892000235

said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40203.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been born) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6 1892
4. *Place of Birth, (Street and Number)* 134 E Woodyear St
5. *Full Name of Mother,* Mary Hill
6. *Mother's Maiden Name,* Mayberry
7. *Mother's Birthplace,* Mt Washington Balto Co Md
8. *Full Name of Father,* Edward Hill
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Chesapeake City Cecil Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs E Hill

Address, 134 E Woodyear St

Remarks,

1 8 9 2 0 0 0 2 2 3 6

RETURN OF A BIRTH. 40204.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 9th 1892
4.	*Place of Birth, (Street and Number)*	# 1632 Clarkson St
5.	*Full Name of Mother,*	Dora Fischer
6.	*Mother's Maiden Name,*	Dora Banner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Fred Fischer
9.	*Father's Occupation,*	Cabinet maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	E. A. Fulby.
	Address,	# 1828. Light St.
	Remarks,	Living well

1/8920002237

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-25-54

RETURN OF A BIRTH

A 40705.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Gaught Meekins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June - 10th inst 1892
4. Place of Birth (Street and Number), 1644 Ashland Ave
5. Full Name of Mother, Julia M Meekins
6. Mother's Maiden Name, Julia M Spangler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Meekins
9. Father's Occupation, machine wood worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 ashland ave

Remarks,

8 V 2 0 0 0 2 3 8

Ashland Ave formerly Chew St

Baltimore Publishing Co., City Printers and Stationers

sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16 1897
4. *Place of Birth, (Street and Number)* 36 S. Fulton Ave
5. *Full Name of Mother,* Laura Hubert.
6. *Mother's Maiden Name,* France
7. *Mother's Birthplace,* Harford Co. Md
8. *Full Name of Father,* Frank M. Hubert
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. John Scott M.D.

Address, 70 S. Fulton Ave

Remarks,

1 8 9 2 0 0 0 2 2 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, June 11th 1892
4. *Place of Birth*, (*Street and Number*) 507 N. Gilmor St.
5. *Full Name of Mother*, Gertrude Enos
6. *Mother's Maiden Name*, Bergman
7. *Mother's Birthplace*, Md.
8. *Full Name of Father*, William O. Enos
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Md.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D. Forest Gardenia

Address,

Remarks,

18920002240

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11th 1892
4. Place of Birth, (Street and Number) 1119 Hanlick's Ct
5. Full Name of Mother, Ella Duvall
6. Mother's Maiden Name, Ella Kline
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles E Duvall
9. Father's Occupation, Pattern Laborer
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, of other person who makes this Return. Edw Grenfelder M.D.

Address, 517 South St

Remarks,

1 8 9 2 0 0 0 2 2 4 1

month, and shall set forth as far as the same can be ascertained the name, age, color and place of birth of the parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother immediately thereafter he shall record the date of the birth of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* color race
3. *Date of Birth,* June Sunday 12 1892
4. *Place of Birth (Street and Number),* Orchard St 647 City
5. *Full Name of Mother,* Mary V. Blackburn
6. *Mother's Maiden Name,* Mary V. Barnes
7. *Mother's Birthplace,* St Marys Co. Md.
8. *Full Name of Father,* James Blackburn
9. *Father's Occupation,* Marble Polisher
10. *Father's Birthplace,* Essex Co. Va

Name of Medical Attendant, or other person who makes this Return. Frances Walker

Address,

Remarks,

1892000224?

The name to be given in the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 40210.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3rd

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 14 1892
4. *Place of Birth,* (*Street and Number*) 22 S. Carroll ton ave.
5. *Full Name of Mother,* Minnie Schaeffer
6. *Mother's Maiden Name,* Minnie Hahn
7. *Mother's Birthplace,* Shepherdstown Va.
8. *Full Name of Father,* William (Wm Schaeffer
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Price M.D.

Address, 1203 W. Fayette

Remarks,

8920002243

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the presence of the mother, to the Registrar or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

10211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupations of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th 1892
4. *Place of Birth, (Street and Number)*	Baltimore City #1188 Ridgley st.
5. *Full Name of Mother,*	Maggie Conley
6. *Mother's Maiden Name,*	Maggie Waterworth
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Conley
9. *Father's Occupation,*	Paperhanger
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. Shaffer
Address,	#1033 Maldes st.
Remarks,	

18920002244

PRINT. J. D. ELLAWY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1892
4. *Place of Birth, (Street and Number)*	226 S. Broadway
5. *Full Name of Mother,*	Harriet L. S. Wilkins
6. *Mother's Maiden Name,*	Harriet L. Schleiner
7. *Mother's Birthplace,*	Phil. Pa
8. *Full Name of Father,*	Geo. L. Wilkins
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Portsmouth Va.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wilkins
Address,	226 S. Broadway
Remarks,	

1892000 2245

WM. J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 40713.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 17th
4. *Place of Birth (Street and Number)*	324 Henrietta St.
5. *Full Name of Mother*	Adelaide Rojans Berry
6. *Mother's Maiden Name*	Adelaide Rojans
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Anderson Berry
9. *Father's Occupation*	Coachman
10. *Father's Birthplace*	Harford County
~~*Name of Medical Attendant,*~~ or other Person who makes this return	Catharine Jones
Address	507 W. Cross St. Baltimore
Remarks	1 8 9 2 0 0 0 2 2 4 6

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40214.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, June 18/92.
4. Place of Birth, (Street and Number) 2024 Hanover St
5. Full Name of Mother, Mary Ensberger
6. Mother's Maiden Name, " Ruppler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Ensbergen
9. Father's Occupation, Laborer,
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 603 S. Charles St.

Remarks, Yours Respectfully,

8920002247

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, residence and occupation of its parents; the date and place of birth; and the occupation of its parents; the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the case, the date of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th
4. *Place of Birth, (Street and Number)* 412 Johnson St
5. *Full Name of Mother,* Lula Virts
6. *Mother's Maiden Name,* Lula Vance
7. *Mother's Birthplace,* Loudon County
8. *Full Name of Father,* Edward C Virts
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Frederic County

Name of Medical Attendant, or other person who makes this Return. C. A. Tully.

Address, # 1828. Light St

Remarks, Doing well

8920002248

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th
4. Place of Birth, (Street and Number) 853 Hamilton Terrace
5. Full Name of Mother, Verhi R Suter
6. Mother's Maiden Name, Verhi R. Pennington
7. Mother's Birthplace, Baltmd
8. Full Name of Father, Wm L. Suter
9. Father's Occupation, Clerk
10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, Robt K Kane

Address, 1205 W Fayette St

Remarks,

8920002249

Wm. J. O. Sulany Co City Printers and Stationers

Whoever shall neglect or refuse to furnish the information required by this section, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40217.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 92
4. Place of Birth, (Street and Number) 2 Lulard ally
5. Full Name of Mother, Celia ~~Hopkins~~ McGuire
6. Mother's Maiden Name, Lehay
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John McGuire
9. Father's Occupation, a Painter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

+ 8 9 2 0 0 0 0 2 2 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. CoDULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 19th 1892
4. Place of Birth, (Street and Number)	#2 Lexington Str
5. Full Name of Mother,	Mrs Kate Smith
6. Mother's Maiden Name,	Miss Ulrich
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Joseph Smith
9. Father's Occupation,	Sheep Butcher
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	

8 9 2 0 0 0 2 2 5 1

said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 97
4. Place of Birth, (Street and Number) 909 W Lexington St
5. Full Name of Mother, Sarah V.B. Krafft
6. Mother's Maiden Name, Sarah V.B. Krafft
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm. C. Krafft
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm C. Ohle M.D.

Address, 1202 W Fayette St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

8920002252

SOCIAL SECURITY NUMBER ADDED 11-19-56

RETURN OF A BIRTH A 40220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Walter Reynolds Sewell

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 20 1892
4. *Place of Birth,* (Street and Number) 555 N Fremont Ave
5. *Full Name of Mother,* Mary E Sewell
6. *Mother's Maiden Name,* Reynolds
7. *Mother's Birthplace,* Caroline Co Va
8. *Full Name of Father,* Walter Sewell
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr J Fulbright

Address, 915 N Eutaw St

Remarks,

692U002253

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A Horn.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11, 1892
4. Place of Birth, (Street and Number) 14 15 Battry Ave
5. Full Name of Mother, Ella Fitzgerl
6. Mother's Maiden Name, Ella O. Brien
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Fitzgerl
9. Father's Occupation, Fireman
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return, M. R. Gaskens

Address, 213 E. Eleventh St

Remarks, Doing Well

1892U0022254

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 12, 1892
4.	*Place of Birth, (Street and Number)*	112 Seadenhall St.
5.	*Full Name of Mother,*	Ella Miller
6.	*Mother's Maiden Name,*	Ella ~~White~~ Whitegel
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Sam. Miller
9.	*Father's Occupation,*	Tinner
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
	Address,	218 E. Fealtz St.
	Remarks,	Doing Well

1892 00022555

BM J C DULANY CO CITY PRINTERS AND STATIONERS.

months, and shall be set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 40773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 June 1892
4. Place of Birth, (Street and Number) 419 Pennsylvania alley
5. Full Name of Mother, Margret Harris
6. Mother's Maiden Name, Wallace
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Harris
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 112 Saratoga St

Remarks,

1892000256

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40m

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 11, 1892
4.	*Place of Birth, (Street and Number)*	311 Winder St
5.	*Full Name of Mother,*	Betty Garrison
6.	*Mother's Maiden Name,*	Betty Conway
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Garrison
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Caskay
	Address,	213 E. Heath St
	Remarks,	Living Child

8920002257

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40775.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be made the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	June 17th 92
4. *Place of Birth, (Street and Number)*	1703 Hanover St
5. *Full Name of Mother,*	Annaria Regina Goeller,
6. *Mother's Maiden Name,*	Annaria Regina Michler
7. *Mother's Birthplace,*	Bevarian Germany
8. *Full Name of Father,*	Michael Goeller
9. *Father's Occupation,*	Watchman B. & O. R.R.
10. *Father's Birthplace,*	Bevarian Germany
Name of Medical Attendant, or other person who makes this Return,	Annia Goeller.
Address,	1703 Hanover St
Remarks,	South Balto Md

B 92400225 8

GEO. C. GALEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 18, 1892
4.	*Place of Birth, (Street and Number)*	121 Warren Ave.
5.	*Full Name of Mother,*	Sarah Morgan
6.	*Mother's Maiden Name,*	Sarah Tarlton
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Tony Morgan
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
	Address,	213 E. Heath St
	Remarks,	Doing Well

1892000 2259

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William Walter Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), ~~(Female)~~ Male
2. Race or Color (if not of the white race), Black.
3. Date of Birth, June 18th 1892
4. Place of Birth (Street and Number), 443 St Marys St
5. Full Name of Mother, Sarah Jones
6. Mother's Maiden Name, Sarah Bryant
7. Mother's Birthplace, Va.
8. Full Name of Father, John Jones
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. O B Hamblen

Address, 925 Cathedral St.

Remarks, First born of twins. Second transverse presentation. Locked twins and

1892 0002260

Baltimore Publishing Co., City Printers and Stationers

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the father, mother, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-29-52 A 40728

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leander Mooney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June 19th, 1892
4. Place of Birth, (Street and Number) 205 S. Dallas st
5. Full Name of Mother, Frances Lavenia Mooney
6. Mother's Maiden Name, Frances Lavenia Banks
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, William Robert Mooney
9. Father's Occupation, Baltimore city Labor
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Chester Henson

Address, 430 S. Dallas st

Remarks,

18920002261

...ed to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of such practitioner in the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the ...a certificate between the first and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GILAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 40779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 19th
4. Place of Birth, (Street and Number) 650 George St
5. Full Name of Mother, Catherine Booze
6. Mother's Maiden Name, Catherine Dobson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Non John Henry Booze
9. Father's Occupation, Porter in a brush factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Belister Cook

Address, 1008 Shields Alley

Remarks,

8920002262

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40230.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth*, June 19 th 1892
4. *Place of Birth*, (Street and Number) No 714 Whites alley
5. *Full Name of Mother*, Miss A Carter Jones
6. *Mother's Maiden Name*, Miss A Carter Taylor
7. *Mother's Birthplace*, Balto Maryland
8. *Full Name of Father*, Mr Robert Jones
9. *Father's Occupation*, Porter
10. *Father's Birthplace*, Balto Maryland

Name of Medical Attendant, or other person who makes this Return. Miss Mr te Taylor

Address, No 762 Sarah ann st

Remarks,

8 9 2 U 0 0 0 2 2 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20, 1892
4. *Place of Birth, (Street and Number)*	1334 Johnson St
5. *Full Name of Mother,*	Kate Dyson
6. *Mother's Maiden Name,*	Kate Bush
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Will Dyson
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M R Caskey
Address,	213 E. Heath St
Remarks,	Doing Well

8920002264

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

40737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 District

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 20 of June
4. *Place of Birth, (Street and Number)* Baltimore City extend Roland ave 5
5. *Full Name of Mother,* Annie C Burton
6. *Mother's Maiden Name,* Annie C Beck
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Clifford Burton
9. *Father's Occupation,* horse shower
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mrs Gunnison

Address, Hampden

Remarks,

1892 U 0002265

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in charge, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. G. SLOANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40233.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	a child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	22 June 1912
4. *Place of Birth, (Street and Number)*	1035 Wilde St
5. *Full Name of Mother,*	Lena Howard
6. *Mother's Maiden Name,*	Woodrage
7. *Mother's Birthplace,*	Cambridge
8. *Full Name of Father,*	Frank Howard
9. *Father's Occupation,*	truck driver
10. *Father's Birthplace,*	West River Md
Name of Medical Attendant, or other person who makes this Return,	1121 Saratoga st
Address,	Mary Ed Jones
Remarks,	

8 9 2 U 0 0 2 2 6 6

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40234.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st-
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 22, 1892
4. *Place of Birth, (Street and Number)*	211 Liberty St-
5. *Full Name of Mother,*	Annie McKenzie
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Scotland
8. *Full Name of Father,*	Forbes McKenzie
9. *Father's Occupation,*	Master mechanic
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return.	P. McPartland. M.D.
Address,	10 W. Hamilton St-
Remarks,	

B 9 2 0 0 0 2 2 6 7

PUBLISHED BY AUTHORITY OF THE BOARD OF HEALTH.

Every physician or midwife who shall attend upon any birth shall, within ten days thereafter, report to the Commissioner of Health, in the manner and form prescribed by him, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FROM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 22 d 1892
4. *Place of Birth, (Street and Number)* No 785 Sarah ann St
5. *Full Name of Mother,* Miss Maggie Brenner
6. *Mother's Maiden Name,* Miss Maggie Young
7. *Mother's Birthplace,* Balto Maryland
8. *Full Name of Father,* Mr Tom Brenner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto Maryland

Name of Medical Attendant, or other person who makes this Return. Miss Minta Taylor

Address, No 762 Sarah ann St

Remarks,

+ 8 9 2 0 0 0 2 2 6 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissi... ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall be... ...child to report its birth to the Commissioner of Health, in the ma... ...any such person or persons who shall hereafter fail to comply w... ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40766.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth June 1—
4. Place of Birth (Street and Number) 326, Federal St. rear
5. Full Name of Mother Kate Loane
6. Mother's Maiden Name — Jones.
7. Mother's Birthplace Balto.
8. Full Name of Father Jubez R Loane
9. Father's Occupation Yeast Maker.
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this return — J W Radcliffe Jr. M.D.

Address — 2105 N. Calvert St

Remarks

8 9 2 U 0 0 2 2 6 9

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 40737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 10th
4.	*Place of Birth, (Street and Number)*	Baltimore 1624 Gilmore St
5.	*Full Name of Mother,*	Katie Saunders
6.	*Mother's Maiden Name,*	Katie Long
7.	*Mother's Birthplace,*	Howard County
8.	*Full Name of Father,*	William F Saunders
9.	*Father's Occupation,*	Ice Wagon Driver
10.	*Father's Birthplace,*	St Marys County
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Mrs Mary E Shockneys
	Remarks,	731 Cumberland Street

8920002270

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

40758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th June 1902

4. Place of Birth, (Street and Number) 2053 Barnes

5. Full Name of Mother, Elizabeth Doyle

6. Mother's Maiden Name, Elizabeth Creaghe

7. Mother's Birthplace, Balto City

8. Full Name of Father, Michl Doyle

9. Father's Occupation, Engineer

10. Father's Birthplace, Boston

Name of Medical Attendant, or other Person who makes this Return. John B Blenniman M.D.

Address, 824 N. Calvert

Remarks,

89200022711

Murphy & Co., City Printers and Stationers.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40339.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 baby

1. Sex, (state whether male or female) boy Harry Cohen.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th June. 1892.
4. Place of Birth, (Street and Number) 628 S. Charles St.
5. Full Name of Mother, Rachel Cohen.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father, Isaac Cohen.
9. Father's Occupation, Grocery.
10. Father's Birthplace, Gmany.

Name of Medical Attendant, or other person who makes this Return, Dena Burbo.

Address, 715 Guilford Av.

Remarks,

1892000 2272

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L 40240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Date ??.
4. *Place of Birth, (Street and Number)* Cumberland St 725
5. *Full Name of Mother,* Mrs Rosa Eder.
6. *Mother's Maiden Name,* Mrs Rosa Kreuzer.
7. *Mother's Birthplace,* Central Ave.
8. *Full Name of Father,* Mr. George Eder
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return

Address, Mrs Mary L S hockney

Remarks, 731 Cumberland St

8 9 2 0 0 0 2 2 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4024.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 17
4. *Place of Birth, (Street and Number)* 779 St Peter Sts
5. *Full Name of Mother,* Mary Gellar
6. *Mother's Maiden Name,* Kammel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Gellar
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Harrigan

Address, 412 Scott St

Remarks,

8920002274

month, and shall set forth as far as the facts can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex, color, and number (if any) of each child, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 40247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Famale. Jennis Richman.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 17th June. 1892.
4. *Place of Birth, (Street and Number)* #517 Hanover St.
5. *Full Name of Mother,* Annie Richman.
6. *Mother's Maiden Name,* Sadie Abramovit.
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Wulf Richman.
9. *Father's Occupation,* Cigar maker.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Lena Barber.

Address, 5 Guilford Av.

Remarks,

8 9 2 0 0 0 2 2 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month and shall set forth as far as the same can be ascertained the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* male -
2. *Race or color, (if not of the white race)* white -
3. *Date of Birth,* June 17 - 1892.
4. *Place of Birth, (Street and Number)* 629 N. Calhoun st.
5. *Full Name of Mother,* Georgia Stedman -
6. *Mother's Maiden Name,* Hulings.
7. *Mother's Birthplace,* Pennsylvania.
8. *Full Name of Father,* Marcus A. Stedman -
9. *Father's Occupation,* Lumberman.
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith.

Address, Harlem av. & Calhoun st.

Remarks, 1892U002276

THE J. S. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 18th
4.	*Place of Birth, (Street and Number)*	630 So Paca St
5.	*Full Name of Mother,*	Laura Lupus
6.	*Mother's Maiden Name,*	Laura Weidel
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Lupus
9.	*Father's Occupation,*	Watch-maker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Hennyonda Dlyfus
	Address,	641 So Paca St
	Remarks,	1892 U 002277

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 18
4. *Place of Birth, (Street and Number)* 102 Dawson St
5. *Full Name of Mother,* Agnes Burnes
6. *Mother's Maiden Name,* " Curley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mickel Burnes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Mangan

Address, 1612 Scott St

Remarks,

18920002278

month, and shall set forth as far as the same can be ascertained, the full name and occupation of each parent, the date and place of birth, and the number (if any) of children born to the parents, the date and place of birth, and the sex, color, the full name and occupation of a certificate between the first and been conferred, duly signed by the practitioner, or should no other person be in said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4 Month

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13th 1892
4. *Place of Birth, (Street and Number)*	1442 W. North Ave
5. *Full Name of Mother,*	Mrs Jennie Alexia Brodenbeck Earp
6. *Mother's Maiden Name,*	Jennie Alexia Brodenbeck
7. *Mother's Birthplace,*	Norway
8. *Full Name of Father,*	Eugene Asia Madix Earp
9. *Father's Occupation,*	Street Car Conductor
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	A. K. Bond M. D.
Address,	N. E. Cor. McCulloh & Biddle Sts
Remarks,	

1892U002279

during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the day and any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, daily signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40247.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15 - 1892
4. *Place of Birth, (Street and Number)* 716 Lanvale St
5. *Full Name of Mother,* Mary E. Pettit
6. *Mother's Maiden Name,* Henderson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Emmit L. Pettit
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Thurlow Cook M.D.

Address, 914 N. Charles -

Remarks,

18920002280

BEING THE NAME AND OCCUPATION OF ITS PARENTS, THE DATE AND PLACE OF BIRTH; AND THE been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892 JUN 25

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-40248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 16th 1892
4. *Place of Birth, (Street and Number)* 1059 Granby St
5. *Full Name of Mother,* Fannie Hermann
6. *Mother's Maiden Name,* Fannie Stickel
7. *Mother's Birthplace,* Jagsa Russia
8. *Full Name of Father,* Lahn Herman
9. *Father's Occupation,* Coal dealer
10. *Father's Birthplace,* Lagunia Russia

Name of Medical Attendant, or other person who makes this Return, Nathan Krawitsky

Address, 1477 E. Lombard St.

Remarks,

1892000228 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

NOTICE.—It is hereby made the duty of the parent, or parents, of every child born in the City of Baltimore, to cause the birth of such child to be reported to the Commissioner of Health, within the period above required, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 5-13-57

RETURN OF A BIRTH.

A 40249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Henry ~~Turpin~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color (if not of the white race)*	Colored.
3. *Date of Birth*	June 18th 1892.
4. *Place of Birth (Street and Number)*	Duncans alley 920.
5. *Full Name of Mother*	Mrs Hennie Turpin
6. *Mother's Maiden Name*	Mrs Hennie Chambers
7. *Mother's Birthplace*	Baltimore County.
8. *Full Name of Father*	John H. Turpin.
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Somerset Co.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Celia Howard.
Address	1013 N Chapel st
Remarks	

8 9 2 0 0 0 2 2 8 2

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Nellie Florence Bell over

RETURN OF A BIRTH. A 40230.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 M

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 18 1892
4. Place of Birth, (Street and Number) 566 Easton Ave
5. Full Name of Mother, Sarah Ann Bell
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Bell
9. Father's Occupation, Engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Sarah T Hannigan

Address, 229 Bruns St

Remarks,

18920002283

Wm J C. Dulany Co., City Printers and Stationers.

Been conferred this sex, color, the full name and occupation of the parents, the place and date of birth, as nearly as can be ascertained, of each child born alive, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) Wite
3. Date of Birth, 17 Dec Sunn 1892
4. Place of Birth, (Street and Number) Fort Ely 724
5. Full Name of Mother, Marie Schäfer
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Heinrich Schäfer
9. Father's Occupation, Work Mann
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Karoline Stowasy Fort Ely No 724

Remarks,

1892000228 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Or
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 19th
4.	*Place of Birth. (Street and Number)*	1169 Cleveland St
5.	*Full Name of Mother,*	Louisa Offendal
6.	*Mother's Maiden Name,*	Louisa Bowman
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Henry Offendal
9.	*Father's Occupation,*	Brick-maker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Hollyonda Alley
	Remarks,	641 Orleans

8 9 2 0 0 0 2 2 8 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20 1892
4. *Place of Birth, (Street and Number)*	1434 Johnson St.
5. *Full Name of Mother,*	Katie Hyson
6. *Mother's Maiden Name,*	" Bush
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm L. Hyson
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thos Curtis M.D.
Address,	914 N. Charles
Remarks,	

1892 00022886

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

COVER NAME UNDER 3-31-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* William Lawrence Mc Clintock

2. *Race or Color, (if not of the white race)* Male

3. *Date of Birth,* June 20. 92

4. *Place of Birth, (Street and Number)* 3110 O'Donnell St.

5. *Full Name of Mother,* Mrs. Mary Rose Kirkman Mc Clintock

6. *Mother's Maiden Name,* Rip " " Mc Clintock

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father.* John Wilson Mc Clintock

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Wilmington, Del.

Name of Medical Attendant, or other Person who makes this Return — G. G. Finch M. D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

8920002267

T & CO., CITY PRINTERS AND STATIONERS.

any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner then become the certificate, between the first and third day thereafter, it shall be in the manner, and should no other person be in attendance upon the mother, immediately thereafter to report its birth to the Board of Health. In the children, and duty of the parent or parents of such child to report its birth and death of illegitimate the cases of the within the period above required, except in the provisions of this section shall be subject any person or persons who shall hereafter fail to comply with the to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH. A 40263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	June 21 11
4. *Place of Birth, (Street and Number)*	760 St. Peter, It
5. *Full Name of Mother,*	Katie Deems
6. *Mother's Maiden Name,*	Gassig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Deems
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Mary Kenyon
Address,	412 Scott St,
Remarks,	

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WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40256.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1.	*Sex, (state whether male or female)*	B & J.
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	22nd of June 1892.
4.	*Place of Birth, (Street and Number)*	2228 Noorthampton street
5.	*Full Name of Mother,*	Barbra Schwarz
6.	*Mother's Maiden Name,*	Barbra Bean
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Schwarz
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Cresentia Kimbel
	Address,	213 North Chapel St per Justina Kimbel
	Remarks,	Healthy.

1892000 2289

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in obstetrics or midwifery, or certificate of the Commissioner of Health, in case the birth of any child third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of obstetrics or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	22d of June 1892
4. *Place of Birth, (Street and Number)*	No. 1311 Penna Ave.
5. *Full Name of Mother,*	Florence Long
6. *Mother's Maiden Name,*	" " Hutchins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Long
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs. Kate A. Geiglein
Address,	No. 509 N. Fremont Ave.
Remarks,	

1892000 2290

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, the date and place of birth, and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

40256

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, June 22. 92

4. Place of Birth, (Street and Number) 2038 Orleans St.

5. Full Name of Mother, Mrs. Sallie Brewster Stanley

6. Mother's Maiden Name, Wife " Brewster

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, James Jefferson Stanley

9. Father's Occupation, Watchman, U.C.C.R.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Link M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

8920002291

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40209.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	23d of June 1892
4. *Place of Birth, (Street and Number)*	Fremont Ave. Nro. 236 [redacted] st.
5. *Full Name of Mother,*	Lottie F. Geiglein
6. *Mother's Maiden Name,*	" " Volkers
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Alfred J. Geiglein
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Kate L. Geiglein
Address,	Nro. 509. Fremont Ave.
Remarks,	18920002292

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner of attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALDY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 402 60.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Jr
3. *Date of Birth,*	June 23
4. *Place of Birth, (Street and Number)*	337 E Biddle St
5. *Full Name of Mother,*	~~Anna~~ Lillie Taylor
6. *Mother's Maiden Name,*	Lillie Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Gaylour
9. *Father's Occupation,*	Laborer Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Thompson
Address,	412 Aisquith St
Remarks,	

1 8 9 2 0 0 0 2 2 9 3

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-30-48.

RETURN OF A BIRTH.

A #02261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Edward ~~Jewett~~ Jewett

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (~~*if not of the*~~ *white race*) June 23rd 1892.
3. *Date of Birth,* 913 W Mulberry St.
4. *Place of Birth,* (*Street and Number*) Md
5. *Full Name of Mother,* Anna L Jewett
6. *Mother's Maiden Name,* Anna L Price
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* George E Jewett
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other person who makes this Return, John L Kluge M.D.

Address, 662 W Lexington St

Remarks,

8920002294

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH. 40267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 24/97
4.	*Place of Birth, (Street and Number)*	1424 Block H
5.	*Full Name of Mother,*	Josephine Leager
6.	*Mother's Maiden Name,*	Josephine Schlereth
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Leager
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	H. Bashieu Jr. M.D
	Address,	707 S. Broadway
	Remarks,	Born 10.30 a.m.

B 9 2 6 0 0 2 2 9 5

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, (and in case of a stillborn child, the fact of such stillbirth), the sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, and the number of children of the mother living, which shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, and the number of children of the mother living, which shall have been conferred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 3-4-52 GIVEN NAME ADDED 1-31-56

RETURN OF A BIRTH. 40263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name ~~Jesse~~ Milton Dungan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 th 1892
4. Place of Birth, (Street and Number) 2693 Franklin St
5. Full Name of Mother, Margaret Ann (Corrigan) Dungan
6. Mother's Maiden Name, Margaret A Tomlan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Henry (Corrigan) Dungan
9. Father's Occupation, Laborer
10. Father's Birthplace, Wheeling West Virginia

Name of Medical Attendant, or other person who makes this Return, Mary F Ware

Address, 2847 Lanvale St

Remarks,

+ 6 9 2 0 0 0 2 2 9 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 40264

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 15
4. *Place of Birth, (Street and Number)*	1628 Baker St
5. *Full Name of Mother*	Elizabeth Brown
6. *Mother's Maiden Name*	Hotzell
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Alford Brown
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	W M Lewis M.D.
Address	1209 Orchard
Remarks	

1892 0002297

RETURN OF A BIRTH A 40265.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Light brown
3. Date of Birth, 18th of June 1892
4. Place of Birth, (Street and Number) 1030 Lexington st
5. Full Name of Mother, Lucy Paterson
6. Mother's Maiden Name, Lucy Bryan
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Sisa Paterson
9. Father's Occupation, Waiter
10. Father's Birthplace, West Va

Name of Medical Attendant, or other person who makes this Return. Lydia Somerville

Address, 616 Clinton av

Remarks,

18920002298

...to be ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and residence of the physician or midwife, if any, in attendance at the birth; and the ...said schedule shall be delivered, duly signed by the physician or midwife, or should no other person be in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter in like manner and within the period above required, and ...child to report its birth to the Commissioner of Health, as herein required with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to so report as required as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offense, to be [illegible]

WM. J. B. BALMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 10266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colord none
3. Date of Birth, June 18-1892
4. Place of Birth, (Street and Number) Baltimore E. Fort. st
5. Full Name of Mother, gertrude fisher 509 Hayes
6. Mother's Maiden Name, fisher
7. Mother's Birthplace, Balti city
8. Full Name of Father, Hamilton Hayes
9. Father's Occupation, Waiter
10. Father's Birthplace, Lexington Va

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie Moyer

Address, No 929 Clay St

Remarks,

8920002299

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Name of Child, if any, at present~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 1892
4. Place of Birth, (Street and Number) 2013 E. Federal St.
5. Full Name of Mother, Mrs. John F Ellis
6. Mother's Maiden Name, Mollie Sherwood
7. Mother's Birthplace, Balto
8. Full Name of Father, John F. Ellis
9. Father's Occupation, Canmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1519 N. Broadway.

Remarks,

1892 0002300

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40268

GIVEN NAME ADDED 6-19-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JAMES ROBERT EMMETT HILTZ

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	19 June 1892
4. Place of Birth, (Street and Number)	1810. Hope St
5. Full Name of Mother,	Mary E. Hiltz
6. Mother's Maiden Name,	Mary E Kenney
7. Mother's Birthplace,	Baltimore M. D.
8. Full Name of Father,	Charles. Hiltz
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore M. D.
Name of Medical Attendant, or other person who makes this Return,	Mrs. D. Zink midwife
Address,	to 506. N. Haigh St.
Remarks,	

8920002301

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	The 21 of June.
4.	*Place of Birth, (Street and Number)*	#809 Fremont Ave.
5.	*Full Name of Mother,*	Louisa Petri.
6.	*Mother's Maiden Name,*	Louisa Roesner.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Antony Petri.
9.	*Father's Occupation,*	Manisher.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	Christina Dalsen.
	Address,	#1059 Harford Ave.
	Remarks,	Baltimore Md. Co. sty.

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WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	The 22 d June
4.	*Place of Birth, (Street and Number)*	# 819 Somerset St.
5.	*Full Name of Mother,*	Bridget Hall.
6.	*Mother's Maiden Name,*	Bridget Malone.
7.	*Mother's Birthplace,*	Ireland.
8.	*Full Name of Father,*	James Hall.
9.	*Father's Occupation,*	Carpenter.
10.	*Father's Birthplace,*	Ireland.
	Name of Medical Attendant, or other person who makes this Return,	Christina Lauer
	Address,	# 1059 Harford Ave.
	Remarks,	Baltimore Md City.

1892

1892

1892

RETURN OF A BIRTH. A 40771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	The 23 of June.
4.	*Place of Birth, (Street and Number)*	# 1103 Rector St
5.	*Full Name of Mother,*	Maggie A Conner
6.	*Mother's Maiden Name,*	Maggie Hotaue
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Joseph A Conner
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Christina Turner
	Address,	# 1659 Harford Ave
	Remarks,	Baltimore Md
		City

1 8 9 2 0 0 0 2 3 0 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23d
4. Place of Birth, (Street and Number) 1605 Edmonson Av
5. Full Name of Mother, Eliz. Beal Wills
6. Mother's Maiden Name, Eliz. Beal
7. Mother's Birthplace, Maryland
8. Full Name of Father, Chas. I Wills
9. Father's Occupation, Mechan
10. Father's Birthplace, Hagerstown Maryland

Name of Medical Attendant, or other person who makes this Return, Kate K Kaeas

Address, 1205 W Fayette St

Remarks,

8920002305.

nonth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance without the attendance of a physician or practitioner of midwifery, or should no other persons of such shall occur immediately thereafter it shall become the duty of the person or persons required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40273.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth June 23d.
4. Place of Birth, (Street and Number) 227 W Lafayette Ave.
5. Full Name of Mother, Hannah P. Letting
6. Mother's Maiden Name, Worthington
7. Mother's Birthplace, Md
8. Full Name of Father, E. Bosley Letting
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr W. R Morgan

Address, 313-4 Monument St

Remarks,

8 9 2 0 0 0 2 3 0 6

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as

been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 40274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether*~~ male ~~or female~~)
2. *Race or Color,* (~~*if not of the*~~ white ~~*race*~~)
3. *Date of Birth,* 23d June 1892 12 40 am
4. *Place of Birth,* (Street and Number) 304 Hanover St
5. *Full Name of Mother,* Mrs. Amelia Levy
6. *Mother's Maiden Name,* Amelia Elfant.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob M. Levy.
9. *Father's Occupation,* Pants Manufacturer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. B. F. Lennard M.D.

Address, 125 Jackson Square

Remarks, Chloroform given - Forceps used because of Occipito Posterior 3307

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 40776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	24 of June
4. *Place of Birth, (Street and Number)*	1539 Argyle ave
5. *Full Name of Mother,*	Johanna Walsh
6. *Mother's Maiden Name,*	Johnna Sullivan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	David G Walsh
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Lomelly
Address,	1635 Little Walsh St.
Remarks,	son.

8920002308

Health. This schedule shall contain a list of the names of all persons who have been born within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 40376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, June 28 — 92

4. Place of Birth, (Street and Number) 1528 S Charles St

5. Full Name of Mother, Emma F Bauer

6. Mother's Maiden Name, Sullaboom

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, James C Bauer

9. Father's Occupation, Fireman

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. J. M. Lemmerman M.D.

Address, 640 W Barre St

Remarks, 8920002309

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the name, sex, color, date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) .....

1. *Sex,* (*state whether* ~~male~~ *or female*) .....
2. *Race or Color,* (~~*if not of the white race*~~) .....
3. *Date of Birth,* June 15th 1892
4. *Place of Birth,* (*Street and Number*) 1630 Madison
5. *Full Name of Mother,* Henrietta J Miller
6. *Mother's Maiden Name,* " " Dashiell
7. *Mother's Birthplace,* Somerset Co Md
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* B. C

Name of Medical Attendant, or other person who makes this Return. Norman F Hill

Address, 1401 N. Fayette st

Remarks, ...

8920002310

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

40278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex*, (state whether ~~male or~~ female) .....
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, June 17th 1892
4. *Place of Birth*, (Street and Number) 730 S. Broadway
5. *Full Name of Mother*, Miss Dora Morris
6. *Mother's Maiden Name*, ...
7. *Mother's Birthplace*, Baltimore City Md
8. *Full Name of Father*, William E. Proudy
9. *Father's Occupation*, Plumber
10. *Father's Birthplace*, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return Nicholas L. Duskill,

Address, ...

Remarks, ...

.....

during the month, and the sex of each child; also the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the said physician or midwife, to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health, in the form of a birth of any child shall occur without the attendance of a physician, or a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

8920002311

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the number of the parents, the date and place of birth; and the occupation of the parents, the date and place of birth; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	22 June 1892
4. *Place of Birth, (Street and Number)*	235 Rock
5. *Full Name of Mother,*	Mary Hardy
6. *Mother's Maiden Name,*	Mary Brand
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael J Hardy
9. *Father's Occupation,*	Basket maker
10. *Father's Birthplace,*	Louisville Ky
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

8920002312

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, June 23 - 52

4. Place of Birth, (Street and Number) 1227 E Hoffman

5. Full Name of Mother, Mary Johnson Richmond

6. Mother's Maiden Name,

7. Mother's Birthplace, B C

8. Full Name of Father, John E Johnson

9. Father's Occupation, Carpenter

10. Father's Birthplace, B C

Name of Medical Attendent, or other person who makes this Return. Irving Hellerman

Address, 1207 E Monument St

Remarks,

1 8 9 2 0 0 0 2 3 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child born; and the date and place of birth; and the name, age, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the father, and the maiden name of the mother; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vitals. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 23 1892
4.	*Place of Birth, (Street and Number)*	Gallaher alley 113
5.	*Full Name of Mother,*	Mary Hunter
6.	*Mother's Maiden Name,*	Mabe Pontes
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Daniel Hunter
9.	*Father's Occupation,*	Porter
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N. Poppleton St
	Remarks,	

8 9 2 0 0 0 2 3 1 4

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46282.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 1892
4. Place of Birth, (Street and Number) No 1425 Hanover St
5. Full Name of Mother, Harriett A Granger
6. Mother's Maiden Name, Harriett A ~~Granger~~ Perday
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, John Granger
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1422 Hanover St

Remarks,

1 8 9 2 0 0 0 2 3 1 5

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40283.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24 — 1892
4. Place of Birth, (Street and Number) 120 Bradford St. (n.
5. Full Name of Mother, Kate Ward
6. Mother's Maiden Name, Greely
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Ward
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8920002316

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th of June 1892
4. *Place of Birth, (Street and Number)* 622 North Broadway
5. *Full Name of Mother,* Paulina Steinlitz
6. *Mother's Maiden Name,* Paulina Heisler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Steinlitz
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Presentia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

8 9 2 0 0 0 2 3 1 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...can be ascertained the full name of each child, (if any shall have ...ual, occupation of parents, the date and place of birth; and the ...by the practitioner in the form of a certificate between the first and ...e of the Commissioner of Health. In case the birth of any child ...sician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th of June 1892.
4. *Place of Birth, (Street and Number)* 1018 North Chapel st.
5. *Full Name of Mother,* Lucretia Dicks
6. *Mother's Maiden Name,* Lucretia Wadham
7. *Mother's Birthplace,* Norfolk City
8. *Full Name of Father,* John T. Dicks
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Spencerville County Md.

Name of Medical Attendant, or other person who makes this Return, Lucretia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

18920002318

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-23-49

RETURN OF A BIRTH.

40286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harvey ~~Edman~~ Reinicker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan 26-42

4. Place of Birth, (Street and Number) Hospital Road Sykt.

5. Full Name of Mother, Mary Reinicker

6. Mother's Maiden Name, Edmonds

7. Mother's Birthplace, B C

8. Full Name of Father, Fred Grant Reinicker

9. Father's Occupation, Carpenter

10. Father's Birthplace, BC

Name of Medical Attendent, or other person who makes this Return. Josephine Reinicker

Address, 207 Edmondson

Remarks,

8 9 2 0 0 0 2 3 1 9

month, and shall set forth as far as he same can be ascertained, the date and place of birth; and the full name and occupation of the parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 1892
4.	*Place of Birth, (Street and Number)*	512 Patterson Park Ave.
5.	*Full Name of Mother,*	Maggie Perlett
6.	*Mother's Maiden Name,*	Maggie Lentz
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Ben. J. Perlett
9.	*Father's Occupation,*	Blacksmith
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
	Address,	213 Natt Chapel st. per Justina Kunkel
	Remarks,	Healthy.

8920002320

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1.	*Sex, (state whether male or female)*	Boy.
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	26th of June 1892
4.	*Place of Birth, (Street and Number)*	1904 Orleans St.
5.	*Full Name of Mother,*	Katie Green
6.	*Mother's Maiden Name,*	Katie Rottal
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Joseph Green
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Gemany
	Name of Medical Attendant, or other person who makes this Return,	Cerscintie Trunkel
	Address,	213 North Chapel St. Cerscintie Trunkel
	Remarks,	Healthy.

1892 U 000321

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

40289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

O & N

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 26th. 1893.
4. *Place of Birth, (Street and Number)*	213 Mc Cubbin street
5. *Full Name of Mother,*	Williams Smith
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	James Tilghman
9. *Father's Occupation,*	White washer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	Francis Anderson
Address,	213 Mc Cubbin street
Remarks,	

8 9 2 U 0 0 1 3 2 2

In case the certificate, between the first and third day of each and every month to the Board of Health, birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 9th

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, June 26/892
4. Place of Birth, (Street and Number) 1492 ½ Charles St.
5. Full Name of Mother, Johanna Perla
6. Mother's Maiden Name, Longo
7. Mother's Birthplace, Italy
8. Full Name of Father, Rocco Scala
9. Father's Occupation, Fruit Store
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Asst. Att. Hartyer M.D.

Address, 21 Lodge Pleasant St.

Remarks,

1 8 9 2 U 0 0 2 3 2 3

...ED. J. C. DU...ANY & CO., CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained ...upation of its parents, the date and place of birth; and the ...been conferred, its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Com... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter at sha... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH A 40291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at the delivery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 96
4. *Place of Birth, (Street and Number)*	47 S. Fulton Ave
5. *Full Name of Mother,*	Rachael Davis
6. *Mother's Maiden Name,*	Rachael Davis
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Rachael Davis
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	J. C. Shinn M.D.
Address,	
Remarks,	

8 9 2 0 0 0 2 3 2 4

GEO. C. ROLAND & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4029 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, June 21 92

4. Place of Birth, (Street and Number) 216 S. Chester St.

5. Full Name of Mother, Mrs Delia Mary Hearn Grasmick

6. Mother's Maiden Name, Miss " " Hearn

7. Mother's Birthplace, Laurel, Del.

8. Full Name of Father, William Grasmick

9. Father's Occupation, Machinist

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Rinck M.D

Address, 200 E. Balt St.

Remarks, Natural delivery

18920001325

any name shall have been conferred,) its sex, color, the full name and occupation of its father, the full name, maiden name, age and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 40293.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether male or female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	24 th June 1892
4. Place of Birth (Street and Number)	No 206 Madeira St
5. Full Name of Mother	Mrs. Ada. Duffy
6. Mother's Maiden Name	Mrs. Ada. Thelen
7. Mother's Birthplace	Ottawa Putnam Co. Ohio
8. Full Name of Father	Joseph H. Duffy
9. Father's Occupation	Cityy
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mrs. Ada Thelen No 206 Madeira St.

1892 00 2325

That any Physician, within the City of Baltimore, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, sex, and color of the child or children born, its or their physical thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 40294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William J. Amoss 3rd Child.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 of June 1894

4. Place of Birth, (Street and Number) 630 Caroline st

5. Full Name of Mother, Laura Carver Vicker

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilm H. Amoss

9. Father's Occupation, Musician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, 1907 E Monument st

Remarks,

1892 0002327

BM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* June the 25 1892
4. *Place of Birth, (Street and Number)* 40 York st W3
5. *Full Name of Mother,* Harriet Sarmer Harriet Carrel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* oxford
8. *Full Name of Father,* george Carrel
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other person who makes this Return. Hannah Jane Wilcox

Address, 115 west Fluvey street

Remarks, full 9 months

18920002328

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 of June 1892
4. *Place of Birth, (Street and Number)* 56 South Bond St.
5. *Full Name of Mother,* Lottie V Smiley
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* albert M Smiley
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this return, Agnes L Gynn

Address, 1907 E. Monument St

Remarks,

1 8 9 2 0 0 0 2 3 2 9

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40297.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 27th
4. Place of Birth, (Street and Number) 1435 1/2 Vincent Alley.
5. Full Name of Mother, Harrietta Jane Causby.
6. Mother's Maiden Name, Harrietta Jane Galed
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Moses Causby.
9. Father's Occupation, Hod Carrier
10. Father's Birthplace, Louisa Co Va.

Name of Medical Attendant, or other person who makes this Return, S. C. Link M. D.

Address, #1304 Riggs Ave.

Remarks,

1 8 9 2 0 0 0 2 3 3 0

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27
4. *Place of Birth, (Street and Number)*	1133 Hanover St
5. *Full Name of Mother,*	Lizzie Yeager
6. *Mother's Maiden Name,*	Lizzie Gaither
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	George Yeager
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Edw Greenfield
Address,	517 Scott St
Remarks,	

1892000233 1

GEO. J. B. BULLEY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40299.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Thursday June 2
5. *Place of Birth, (Street and Number)* 709 West Cross
6. *Full Name of Mother,* Mrs. Emma Real
7. *Mother's Maiden Name,* Miss. Emma Gassaway
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father,* Casper Real
10. *Father's Occupation,* Huckster

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, No. 711 west Cross street

Remarks,

1 8 9 2 0 0 0 2 3 3 2

WM. J. C. SULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 4th
4.	*Place of Birth, (Street and Number)*	#912 Ridgley st
5.	*Full Name of Mother,*	Elizabeth Kirschbaum Stanger
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Balto. Md
8.	*Full Name of Father,*	John Fredk Kirschbaum
9.	*Father's Occupation,*	Wood worker
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return.	Mrs Barge
	Address,	711 Cross St.
	Remarks,	

1892 000 3333

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

Name: Elmer Leroy Meyers

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th day of June 1893
4. Place of Birth, (Street and Number) Baltimore Maryland
5. Full Name of Mother, Mrs Maggie Myers
6. Mother's Maiden Name, Maggie Barline
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Herman H. Meyers
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Cross St.

Remarks,

1892 U 00 1331

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Of June

4. Place of Birth, (Street and Number) Baltimore Stockholm st 324

5. Full Name of Mother, Ella Seymaure

6. Mother's Maiden Name, Ella Summers

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, George W Seymaure

9. Father's Occupation, Labar

10. Father's Birthplace, Milbill Mercer

Name of Medical Attendant, or other person who makes this Return, Wm Bank

Address, 711 Cross St.

Remarks,

1892000 2335

WM J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1890
4. *Place of Birth, (Street and Number)* Penna Ave Baltimore
5. *Full Name of Mother,* Maggie Barnes
6. *Mother's Maiden Name,* Maggie Barnes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick J Baltzer
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Md & County

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, 711 Cross Street

Remarks,

1892 0002336

month, and shall set forth as far as the same can be ascertained the full name or each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner in the manner and with the particulars of this section shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~WHEN NAME ADDED 5-15-56~~

Name: Gertrud ~~Franciska~~ Clark

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	First one
1.	*Sex, (state whether male or female)*	Female,
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Eight of June 1892
4.	*Place of Birth, (Street and Number)*	Baltimore Maryland 1152 Cleveland St.
5.	*Full Name of Mother,*	Mrs Carrie Clark
6.	*Mother's Maiden Name,*	Carrie Barline
7.	*Mother's Birthplace,*	Baltimore - Maryland
8.	*Full Name of Father,*	Henry Clark
9.	*Father's Occupation,*	Engineer
10.	*Father's Birthplace,*	Philadelphia Pennsylvania
	Name of Medical Attendant, or other person who makes this Return,	Mrs Bauge
	Address,	711 Cross 81
	Remarks,	

1892000337

WM J. C. BULLARY CO. CITY PRINTERS AND STATIONERS.

be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practiti
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be r
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 8 June
4. *Place of Birth, (Street and Number)* 531 Orchard St
5. *Full Name of Mother,* Susie Green
6. *Mother's Maiden Name,* Susie Green
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John Bell
9. *Father's Occupation,* Color
10. *Father's Birthplace,* Fruitfield

Name of Medical Attendant, or other person who makes this Return. Hester Colance

Address, 567 Preston St

Remarks, Sick from Birth

1892000 2338

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 30 1892

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 11th 1892
5. Place of Birth, (Street and Number) 2028 Jefferson Place
6. Full Name of Mother, Jennie Jones Kay
7. Mother's Maiden Name, Burt - Co Md
8. Mother's Birthplace, John N. Jones
9. Full Name of Father, Locomotive Engineer
10. Father's Occupation, Burt Co Md
11. Father's Birthplace, E H Tree M.D.
12. Name of Medical Attendant, or other person who makes this Return,
13. Address,
14. Remarks, This is the 2nd wife of Wm Jones He has Children 9 Living, Boys 3 Girls 6 first wife

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

The full name of each child, if any shall have been ascertained the same can be ascertained as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 40307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16 1892
4. *Place of Birth, (Street and Number)*	733 W. Lombard st Balto Md
5. *Full Name of Mother,*	Mary Catharine Spear
6. *Mother's Maiden Name,*	Mary Catharine Wright
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	Lewis Carr Spear
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Pennsylvania Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Boyle
Address,	711 Lemmon St
Remarks,	

+ 8 9 2 0 0 0 2 3 4 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. # 40308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16 th
4. Place of Birth, (Street and Number) Balto 1838 Baltimore st
5. Full Name of Mother, Katie Fritz
6. Mother's Maiden Name, = = Arnold
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Fritz
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Bridges

Address, 10 Brown St.

Remarks,

1892 0002341

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The sixth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17.
4. Place of Birth, (Street and Number) 606 Barre street.
5. Full Name of Mother, Maggie Estella Harvey.
6. Mother's Maiden Name, Maggie Estella Everett
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John Cornelius A. Harvey
9. Father's Occupation, Compositor
10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Cross St

Remarks,

1892 0002342

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

KODAK D SAF

RETURN OF A BIRTH. A 40310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June
4. Place of Birth, (Street and Number) Alicanna st 1615
5. Full Name of Mother, Helene Mummert
6. Mother's Maiden Name, Helne Malig
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Mummert
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond st

Remarks,

1 8 9 2 0 0 0 2 3 4 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-26-52

RETURN OF A BIRTH A 40311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Elizabeth Kocher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 23 1892

4. Place of Birth, (Street and Number) ~~1602 Ramsay St~~ 1602 Barclay St ~~Hospital~~

5. Full Name of Mother, Mary E Kocher

6. Mother's Maiden Name, Mary Ent

7. Mother's Birthplace, Dauphin Pa.

8. Full Name of Father, James Kocher

9. Father's Occupation, Passenger Conductor

10. Father's Birthplace, Keystone Pa

Name of Medical Attendant, or other person who makes this Return, Christina Lauer

Address, # 1059 Harford Ave Baltimore Md

Remarks, 1892000234 4 City

Health. This schedule shall contain a list of the births which shall occur in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 24
4. *Place of Birth, (Street and Number)* Aragile Md
5. *Full Name of Mother,* Maud Nelson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Prince georges county
8. *Full Name of Father,* Thomas D Nelson
9. *Father's Occupation,* porter in drug store
10. *Father's Birthplace,* Colbert county

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1908 Bluice

Remarks,

1892 0 0 0 2 3 4 5

The schedule shall contain a list of the births [illegible] the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the ... of each child. (if any shall have ... ascertained the full name of each child. (if any shall have ... same can be ascertained the full name of each child. (if any shall have ... occupation of the parents, the date and place of birth; and the ... name and occupation of the parents, the date and place of birth; and the ... practitioner in attendance at the birth of any child ... shall set forth as far as the same can be ascertained the full name of each child. (if any shall have ... color, the full name and occupation of the parents, the date and place of birth; and the ... delivered, duly signed by the practitioner in attendance at the birth of any child ... the office of Commissioner of Health. In case the birth of any child ... practitioner in attendance at the birth of any child ... a physician or midwifery, or the person or parents of such ... month to the Commissioner of Health. In case the birth person be in ... attendance of the duty of the person or parents of such ... hereafter, it shall be the duty of the person or parents of such ... within the period above required, and ... mother, immediately thereafter, it shall be the duty of the person or parents of such ... Commissioner of Health. in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... upon the mother, immediately thereafter, it shall be the duty of the person or parents of such ... hereafter fail to comply with the provisions of this section shall be sub- ... be recoverable. ... offense, to be recovered ... for each offense, to be recoverable. ... dollars for each offense, to be recovered ... other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 of June
4. Place of Birth, (Street and Number) Minnie Ogle Goosehill
5. Full Name of Mother,
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Samuel Ogle
8. Full Name of Father, Labor
9. Father's Occupation, Ohio
10. Father's Birthplace, Matilda Johnson

Name of Medical Attendant, or other person who makes this Return.

Address, 1408 Bruce St

Remarks, 1892 0 0 0 2 3 4 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each family, with the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 24th
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Athel Campbell
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Campbell
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1408 Bruce St

Remarks,

8 9 2 0 0 0 2 3 4 7

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 4853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Name:	Frank Le Roy Martin 9th
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	26th June
4.	Place of Birth, (Street and Number)	642 West Street
5.	Full Name of Mother,	Matilda Martin
6.	Mother's Maiden Name,	McFadden
7.	Mother's Birthplace,	Ireland
8.	Full Name of Father,	John Martin
9.	Father's Occupation,	Laborer
10.	Father's Birthplace,	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mrs Hayes
	Address,	642 West St. Baltimore
		711 Lee St.
	Remarks,	

1892 00023488

Baltimore under whose charge or superintendence a birth shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

OWW

40316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Joseph Farren

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8d
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	The 24 of June 1892.
4.	Place of Birth, (Street and Number)	# 614 Forest Place
5.	Full Name of Mother,	Ellen C. Farren (Shaughnessy)
6.	Mother's Maiden Name,	Ellen [illegible]
7.	Mother's Birthplace,	Ireland
8.	Full Name of Father,	James Joseph Farren
9.	Father's Occupation,	Laborer
10.	Father's Birthplace,	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Christina Carver
	Address,	# 1037 Harford Ave
	Remarks,	Baltimore Md City.

1892000234 9

Jun 30 1892

Baltimore, Nov. 1, 1892. To the Commissioner of Health: I hereby certify that I have entered the above births on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 T

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday June 27 92
4. Place of Birth, (Street and Number) Clinton Ave 508
5. Full Name of Mother, Annie L. Glover
6. Mother's Maiden Name, Annie L. Griffin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Albert R. Glover
9. Father's Occupation, Cab Hackster
10. Father's Birthplace, Virginia (Danville)

Name of Medical Attendant, or other person who makes this Return, J. A. Creditt

Address, 420 N. Pine St

Remarks, 1892000 2350

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 June 1892
4. *Place of Birth, (Street and Number)* 1270 Ridgely Street
5. *Full Name of Mother,* Mary Ackert
6. *Mother's Maiden Name,* Mary Adams
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ackert
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St.

Remarks,

1892 00073511

WM J. C SULLANY CO CITY PRINTERS AND STATIONERS.

Failure to register a birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the present mother. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...on a blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 40319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd
4. *Place of Birth, (Street and Number)* Near Mt Clinton Bridge
5. *Full Name of Mother,* Margaret Ann Tate
6. *Mother's Maiden Name,* Kattmeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles G. Tenor
9. *Father's Occupation,* Mantle Type Machinist
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs Range

Address, 711 Cross St

Remarks,

1892000023 52

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1—
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June - 28 - 1892
4. *Place of Birth, (Street and Number)*	117 N. Durham st.
5. *Full Name of Mother,*	Jennie Deinlein
6. *Mother's Maiden Name,*	" Kemberger
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Inv. Deinlein
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	W. G. Dauschaun
Address,	1729 E. Balto. st.
Remarks,	

8 9 2 0 0 0 2 3 5 3

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th, 1892
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mrs. Louisa Wood
6. Mother's Maiden Name, Miss Louisa Freedenburger
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. John Wood
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendinen, M.D.

Address, 201 North Broadway

Remarks,

1892 0002354

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, June 2, 1892.

4. Place of Birth, (Street and Number) 2104 Cambridge St

5. Full Name of Mother, Mary Sanders

6. Mother's Maiden Name, Mary Segart

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Thomas Sanders.

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1892 0003355

Wm J C. Dulany Co., City Printers and Stationers.

which have occurred under his or her care during the
which he shall contain a list of the births which have occurred
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the physician or practitioner in the form of a certificate between the first and
shall occur without the attendance of a duly Commissioner of Health, in case the birth of any child
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40323.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2, 1892

4. Place of Birth, (Street and Number) 613 Cannon St

5. Full Name of Mother, Lizzie Southland Marshall

6. Mother's Maiden Name, Lizzie Bollinger

7. Mother's Birthplace, Baltimore Southland.

8. Full Name of Father, Daniel Southland

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Swayne

Address, 726 Mary One St

Remarks, 1892000 2356

register of such birth, and shall enter the same on a blank to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5c
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4th 3. 1892
4. *Place of Birth, (Street and Number)*	St Calhond st 2.22
5. *Full Name of Mother,*	Lizzie Shaltz
6. *Mother's Maiden Name,*	Lizzie Ourtendorf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis A Shaltz
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 19 22 Wilkins Ave
Remarks,	1892U002357

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, or shall be mailed thereto, within the period above required, and shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40325.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) mothers 3rd child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 7th 1892
4. *Place of Birth, (Street and Number)* 1227 Parrish alley
5. *Full Name of Mother,* Ema Hall
6. *Mother's Maiden Name,* Ema Simms
7. *Mother's Birthplace,* Calvert County md
8. *Full Name of Father,* James McHenry Hall
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Calvert County md

Name of Medical Attendant, or other person who makes this Return. Isaac Collins

Address, 1610 Vincent st near Baker

Remarks,

1 8 9 2 0 0 0 2 3 5 8

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 7, 1892

4. *Place of Birth, (Street and Number)* 2331 Lancaster St

5. *Full Name of Mother,* Augusta Bamick

6. *Mother's Maiden Name,* Augusta Batte

7. *Mother's Birthplace,* August Hemphy

8. *Full Name of Father,* B. C. Monteler

9. *Father's Occupation,* Germany

10. *Father's Birthplace,* Mary J. Swayne

Name of Medical Attendant, or other person who makes this Return,

Address, 726 Luzerne St

Remarks,

1892 0 0 0 2 3 5 9

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or parents of such third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 40327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	June 7th 1892
4. Place of Birth, (Street and Number)	906 McDonough st,
5. Full Name of Mother,	Ellen Margaret Feely
6. Mother's Maiden Name,	Ellen McLaughlin Minick
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Aquilla A. Feely
9. Father's Occupation,	Chair-Caner
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Fleagle M.D.
Address,	920 N. Broadway
Remarks,	City.

8 9 2 0 [illegible]

under whose charge or Superintendence a birth shall hereafter occur, to be furnished by the Commissioner of Health. This schedule shall contain a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child born alive, the month, and the date and place of birth, and the full name and occupation of its parents, the date and place of birth of each and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every Physician or practitioner of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner in the form of a list of the births which have occurred under his or her care during the month, and shall be delivered, at the Office of the Commissioner of Health. In case the and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth of each and every month to the Office of the Commissioner of Health. In case the list of the births which have occurred under his or her care during the month, and shall be delivered, at the Office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter in manner and within the period above required, and any such person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manners of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A40328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8, 1892
4. Place of Birth, (Street and Number) 2914 Auburn St.
5. Full Name of Mother, Martha Rose
6. Mother's Maiden Name, Martin Landon.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Fredrick Rose
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Swann

Address, 726 Lyndhurst

Remarks, 1892000236 1

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mothers third child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, June the 8 1892
4. Place of Birth, (Street and Number) 1022 arunent alley
5. Full Name of Mother, Eugina forrester
6. Mother's Maiden Name, Eugina forbes
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, John forrester col'd
9. Father's Occupation, driving Col'd Cart
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other person who makes this Return. Joseph Collins

Address, 1610 Vincent st ~~Robt robinson~~

Remarks,

1892000002362

register of such births and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 10th 1892
4. *Place of Birth, (Street and Number)*	1217 Highlelley
5. *Full Name of Mother,*	Mary E. Seitz
6. *Mother's Maiden Name,*	Mary E. Turner
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Henry A. Seitz
9. *Father's Occupation,*	Car Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Daniel F. Powell M.D.
Address,	217 Fisquith Street
Remarks,	

1892 0002363

Baltimore, ... shall enter the same on a blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall contain a list of the births which have occurred under his or her care during the ... Health. This schedule shall contain as far as the same can be ascertained the full name of each child, if any shall have ... month, and shall set forth as far as the same can be ascertained the full name and place of birth, and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CIVIL MARRIAGE ORDER 6-3-57

RETURN OF A BIRTH A 40331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Clementine Fortune 2nd,
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	Colored,
3. Date of Birth,	June 11th 1892,
4. Place of Birth, (Street and Number)	1523 Chew St.,
5. Full Name of Mother,	Estelle Fortune,
6. Mother's Maiden Name,	Estelle Anderson,
7. Mother's Birthplace,	Balto City,
8. Full Name of Father,	Charles W. Fortune,
9. Father's Occupation,	Brickmaker,
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Ley 2, M.D.
Address,	920 N. Broadway
Remarks,	

8 9 2 0 0 0 9 2 2

under whose charge or superintendence it shall be furnished by the Commissioner of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, or other person in attendance upon the mother, immediately after the birth of each child. In case the child to be delivered, duly filled by the practitioner in the form of a certificate between the first and third day of attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with for each offense to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

MR-RM 32
(6-1-54)
Hall of Records Commission

GIVEN NAME ADDED 6-3-52

RETURN OF A BIRTH A 40331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	Colored,
3. *Date of Birth,*	June 11th 1892,
4. *Place of Birth, (Street and Number)*	1523 Chew St.,
5. *Full Name of Mother,*	Estelle Fortune,
6. *Mother's Maiden Name,*	Estelle Anderson,
7. *Mother's Birthplace,*	Balto City,
8. *Full Name of Father,*	Charles W. Fortune,
9. *Father's Occupation,*	Brickmaker,
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Ley, M.D.
Address,	920 N. Broadway
Remarks,	1890-002364

under whose charge or superintendence a child is born, to be furnished by the Commissioner of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and the full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) its sex, color, by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 16 th 1892
4. *Place of Birth, (Street and Number)*	Wilkins Av N. 21.4
5. *Full Name of Mother,*	Mary ~~Ann~~ Ann Talson
6. *Mother's Maiden Name,*	Mary Ann Normand
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Thos Talson
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Kent island queen anns Co MD
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelly
Address,	19 22 Wilkins Av
Remarks,	

6 9 2 0 0 0 2 3 6 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 16 1892
4. *Place of Birth, (Street and Number)*	Bowen st No 11 39
5. *Full Name of Mother,*	Emmy D Kaufman
6. *Mother's Maiden Name,*	Emmy D Alison
7. *Mother's Birthplace,*	Alexandria
8. *Full Name of Father,*	John T Kaufman
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 19-22 Wilkins Ave
Remarks,	

18920002366

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth; and the been conferred) the sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 40334.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 16, 1892.
4. *Place of Birth, (Street and Number)* 823 Gannon St
5. *Full Name of Mother,* Sophia Shore
6. *Mother's Maiden Name,* Sophia Baker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Shore
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Sweeney

Address, 726 Linden Ave

Remarks,

1892 0002367

Wm J C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the date and place of birth; and the occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred since the ... day of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Do Male
3. *Date of Birth,* June 16, 1892.
4. *Place of Birth, (Street and Number)* 2320 Forster Ave.
5. *Full Name of Mother,* Lizzie Sheveline
6. *Mother's Maiden Name,* Lizzie Jenall
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Conrad Sheveline.
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Eugene St.

Remarks,

1 8 9 2 0 0 0 2 3 6 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17, 1892
4. Place of Birth, (Street and Number) 2310 Cambridge St
5. Full Name of Mother, Barbra Sandy
6. Mother's Maiden Name, Barbra Dreller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Sandy
9. Father's Occupation, Wholesaler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St

Remarks,

8 9 2 0 0 0 2 3 6 9

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 18 + 92
4. Place of Birth, (Street and Number) No 130 Bruce St
5. Full Name of Mother, Elmira Harries
6. Mother's Maiden Name, Elmira Ward
7. Mother's Birthplace, Middlesex Co Va
8. Full Name of Father, Temple Ward
9. Father's Occupation, Shard Labor Std Carrier
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent st near Baker

Remarks,

1892 0002370

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

(one)

40238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Franklin Clayton Austin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* m
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* june 18 —
4. *Place of Birth, (Street and Number)* 22 n Pppdr. (Pat. Pk. Av
5. *Full Name of Mother,* Anna Austin
6. *Mother's Maiden Name,* " Cook
7. *Mother's Birthplace,* a (city
8. *Full Name of Father,* Chas. Austin
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* a (city

Name of Medical Attendant, or other person who makes this Return, Dr Brooks (Brewster)

Address, Dr (Bank St

Remarks,

1 8 9 2 0 0 0 2 3 7 1

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 40339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19, 1892.
4. Place of Birth, (Street and Number) 523 Forrest
5. Full Name of Mother, Rawy Sofe
6. Mother's Maiden Name, " F Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Herman Sofe
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. H. Bailey

Address, 115 W. Lombard St.

Remarks,

8 9 2 0 0 0 2 3 7 2

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

A 40340

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: David E. Goldstrom

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 20 - 92
4. Place of Birth, (Street and Number) 423 S Broadway
5. Full Name of Mother, Augusta Goldstrom
6. Mother's Maiden Name, Buck
7. Mother's Birthplace, a
8. Full Name of Father, Emmanuel Goldstrom
9. Father's Occupation, Shoe-Merchant
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return. J. C. Brooks

Address, Balto.

Remarks,

1 8 9 2 0 0 0 2 3 7 3

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, he should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4034.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21, 1892
4. *Place of Birth, (Street and Number)* 621 Mary Ann Ave.
5. *Full Name of Mother,* Grace Mitzel
6. *Mother's Maiden Name,* Annie Thompson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Mitzel
9. *Father's Occupation,* Can Capper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 72 (illegible) St

Remarks,

8 9 2 0 0 0 2 3 7 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 21, 1892.
4. *Place of Birth, (Street and Number)* Inv. 1708 Point & Lane.
5. *Full Name of Mother,* Ella McComas.
6. *Mother's Maiden Name,* Ella Dillinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry McComas.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blewell M.D.

Address, 1241 Hanford ave

Remarks,

+ 8920002375

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22-92
4. Place of Birth, (Street and Number) 1713 Bank
5. Full Name of Mother, Emma A. Brasch
6. Mother's Maiden Name, " " Kelly
7. Mother's Birthplace, Md
8. Full Name of Father, J C Brasch
9. Father's Occupation, Physician
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J C Brasch

Address, Bank

Remarks,

8920002376

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

A 40344.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23/92
4. Place of Birth, (Street and Number) 2515 Franklin St.
5. Full Name of Mother, Julia V Brown
6. Mother's Maiden Name, Julia Kelley
7. Mother's Birthplace, Powhattan Balto. Co. Md.
8. Full Name of Father, William V Brown
9. Father's Occupation, Wool-puller
10. Father's Birthplace, California

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2645 Frances St

Remarks,

8920002377

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner in the office of the Commissioner of Health. In the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40345.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23, 1892.
4. Place of Birth, (Street and Number) 2325 Fawn Ave.
5. Full Name of Mother, Julia Frazier.
6. Mother's Maiden Name, Julia Brown
7. Mother's Birthplace, Balt. St Mary's Co.
8. Full Name of Father, John Frazier
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne M.D.

Address, 726 Luzerne St.

Remarks,

B 9 2 0 0 0 2 3 7 8

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 23, 1892.
4. *Place of Birth, (Street and Number)* No. 1818 Harford ave.
5. *Full Name of Mother,* Minnie Gillen.
6. *Mother's Maiden Name,* Minnie Renner.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Gillen
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell, M.D.

Address, 1741 Harford ave.

Remarks,

8 9 2 0 0 0 2 3 7 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40347.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 23d '92.
4. *Place of Birth, (Street and Number)* 128 S. Bond St
5. *Full Name of Mother,* Carrie Nuttall
6. *Mother's Maiden Name,* Lucas
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Alexander Nuttall
9. *Father's Occupation.* Button Stole Operator
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. Mrs. Jenny Turner

Address, 19 N Eden St

Remarks,

8 9 2 0 0 0 2 3 8 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	June 23rd 1892,
4. Place of Birth, (Street and Number)	1643 Chew st,
5. Full Name of Mother,	Jennie Briscoe,
6. Mother's Maiden Name,	Jennie West,
7. Mother's Birthplace,	Balto city,
8. Full Name of Father,	Samuel M Briscoe
9. Father's Occupation,	Printer,
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Fugh MD
Address,	920 N. Broadway
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1892000023801

RETURN OF A BIRTH A 40349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 14th, '92.
4. *Place of Birth, (Street and Number)*	25 N. Central Ave.
5. *Full Name of Mother,*	Louisa Mahlstedt
6. *Mother's Maiden Name,*	Becker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Rudolph Mahlstedt
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turnt.
Address,	191 Eden St.
Remarks,	8 9 2 0 0 0 2 3 8 2

register of such birth, and shall enter the same on a blank schedule, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, June 25th 1892
4. Place of Birth, (Street and Number) 38 N Eden st
5. Full Name of Mother, Louise Howe
6. Mother's Maiden Name, Louise Hasson
7. Mother's Birthplace, New Orleans La
8. Full Name of Father, Edwin Howe
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. City Md

Name of Medical Attendant, or other person who makes this Return. J Ridgway Andrews M.D.

Address, 1123 E. Baltimore st

Remarks, 8920002383

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 27 92
4. *Place of Birth, (Street and Number)* 711 Sterling St
5. *Full Name of Mother,* Martha Dayle
6. *Mother's Maiden Name,* Martha Thomas
7. *Mother's Birthplace,* Baltimore Co ~~Charles Dayle~~
8. *Full Name of Father,* Charles Dayle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Dayle

Address, 218 Fayette St

Remarks, 1892000238 4

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 27-
4. Place of Birth, (Street and Number) 807 N Bond
5. Full Name of Mother, Eva Wroblewski
6. Mother's Maiden Name, "
7. Mother's Birthplace, O-
8. Full Name of Father, John "
9. Father's Occupation, Carpenter
10. Father's Birthplace, O

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Bond

Remarks, 8920002385

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

A 40353.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th of June 1892
4. *Place of Birth, (Street and Number)* 229 N. Wolf street
5. *Full Name of Mother,* Lizzie Stern
6. *Mother's Maiden Name,* Lizzie Schmitt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mink Stern
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Leocintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy. 0 0 0 2 3 3 6

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the first case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 8-10-54 Ow

RETURN OF A BIRTH. A 40334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Maria Henneriette Popp

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 24th 1892
4. *Place of Birth, (Street and Number)*	# 2201 W. Baltimore St
5. *Full Name of Mother,*	Mrs Annie Popp
6. *Mother's Maiden Name,*	Miss " Müller
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	John Popp
9. *Father's Occupation,*	Car Stables
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	1892 0002387

Health. This schedule shall contain a list of the births which have occurred within the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered under fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother; (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29. 92
4. Place of Birth, (Street and Number) 120 N Bath
5. Full Name of Mother, Olga Vital
6. Mother's Maiden Name, Fantilla Becker
7. Mother's Birthplace, Germany, Europe
8. Full Name of Father, Desirdel Vital
9. Father's Occupation, Machinist
10. Father's Birthplace, Hungaria, Europe

Name of Medical Attendant, or other person who makes this Return, Dr. N. Rubenstein

Address, 112 W. Baire st.

Remarks, 8 Child born 2 3/4 8 1/2 months

Illegitimate, Child to die.

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of birth; and the occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	30th of June 1892
4.	*Place of Birth, (Street and Number)*	416 North Chapel st.
5.	*Full Name of Mother,*	Mary Dittmich
6.	*Mother's Maiden Name,*	Mary Miller
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Dittmich
9.	*Father's Occupation,*	Trimmer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Cerointia Kunkel
	Address,	213 North Chapel st. Per Justina Kunkel
	Remarks,	Healthy 20002389

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 40357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which occurred [illegible] his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colita.
3. Date of Birth, June 1, 1892.
4. Place of Birth, (Street and Number) 320 South St.
5. Full Name of Mother, Ida Elizabeth McHall.
6. Mother's Maiden Name, Williams.
7. Mother's Birthplace, Md.
8. Full Name of Father, Daniel McHall.
9. Father's Occupation, Engine Holler.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1892000 2390

GEO. W. C. KELLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 10358.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 1, 1892
4. Place of Birth, (Street and Number)	1513 Ramsay Street
5. Full Name of Mother,	Elizabeth Keyser
6. Mother's Maiden Name,	Gentner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Keyser
9. Father's Occupation,	Mechanic
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	E. C. Crane M. D.
Address,	830 Columbia ave
Remarks,	8920002391

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40359.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of June
4. *Place of Birth, (Street and Number)*	1848 Mt Henry
5. *Full Name of Mother,*	Margaretha Jacob
6. *Mother's Maiden Name,*	Margaretha Dieterich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ludwig Jacob
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenter midwife
Address,	2116 West Pratt St
Remarks,	8 9 2 0 0 0 2 3 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kinder

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 1 June
4. Place of Birth, (Street and Number) S. Dallas str. 805
5. Full Name of Mother, Anna Tomasovska
6. Mother's Maiden Name, Anna Rehovecka
7. Mother's Birthplace, Prus
8. Full Name of Father, Theodor Tomasovsky
9. Father's Occupation, Arbajter
10. Father's Birthplace, Prus

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address, S. Bond str. 838

Remarks, 1892000239 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-13-57

RETURN OF A BIRTH. 40361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Brendan Michael O'Brien
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2, 1892
4. *Place of Birth, (Street and Number)*	1327 Homewood Ave
5. *Full Name of Mother,*	Annie F Brien
6. *Mother's Maiden Name,*	McCormick
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Michael J. O'Brien
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J. Frank Crouch M.D.
Address,	Cager & Wilson
Remarks,	8920002394

Register of such birth, and shall enter in a book to be kept for that purpose a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4367

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd
4. Place of Birth, (Street and Number) Baltimore Md 542 Paca St
5. Full Name of Mother, Francis Snower
6. Mother's Maiden Name, Francis Sheary
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Snower
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs J B Sadler

Address, 412 New St

Remarks, 1892000239 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

M. [illegible] 10363 M.
[illegible] BALTIMORE ST.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd 1892
4. Place of Birth, (Street and Number) Edmondson Ave ext.
5. Full Name of Mother, Barbara Barbara Gagne
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Frank Barbara
9. Father's Occupation, Dairyman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M St Clair

Address, 1800 W. Balto. St

Remarks, 1 8 9 2 U 0 0 2 3 9 6

Register of each birth, and shall enter the same on a blank furnished to [illegible] by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. S. GELSTON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd " 1892
4. Place of Birth, (Street and Number) Md. Univ. Maternity 622 St. Lombard st
5. Full Name of Mother, Lena Crossland
6. Mother's Maiden Name, " "
7. Mother's Birthplace, — Va.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 St. Lombard St.

Remarks, 1892 0002397

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 40365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2 of June 1892

4. Place of Birth, (Street and Number) 4 Hanson Alley

5. Full Name of Mother, Mary Gold

6. Mother's Maiden Name, Mary Wilmer

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, William Gold

9. Father's Occupation, Laborer

10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King Street

Remarks, Mother doing well but Baby is very bad off Baby bad 2 days

2 0 0 0 2 3 9 8

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 40366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel Stewart Swift First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd 1892

4. Place of Birth, (Street and Number) 1236 E Preston St

5. Full Name of Mother, Carrie L. Swift

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm H. Swift

9. Father's Occupation, Grocer & Provision dealer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Jas A Bell Md

Address, 314 N Eutaw St

Remarks, [illegible]

JUL 4 1892

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4036?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1 [illegible]

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 3. 1892

4. Place of Birth, (Street and Number) 116 Harrison st

5. Full Name of Mother, Rachel Cohen

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Ike Cohen

9. Father's Occupation,

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks, 1 8 9 2 0 0 0 2 4 0 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4368.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3. 1892.
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum
5. *Full Name of Mother,*	Dora Smith
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
10. *Father's Birthplace.*	"
Name of Medical Attendant, or other Person who makes this Return	S. A. Heine M. D.
Address,	1520 Druid Hill Ave
Remarks,	1892000240 1

TILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

45369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 3rd 1892
4. Place of Birth, (Street and Number) Md Univ. Maternity 622 N. Lombard St.
5. Full Name of Mother, Elnora Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. M Lawson M.D.

Address, 622 N. Lombard St.

Remarks, 1 8 9 2 0 0 0 2 4 0 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 3rd "

4. Place of Birth, (Street and Number) 1505 Foster st.

5. Full Name of Mother, Laura Murdoc.

6. Mother's Maiden Name, " "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L.L. Eley M.D.

Address, Md. Univ. Maternity 622 N. Lombard st.

Remarks, 1892000 2403

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3d June 1892

4. Place of Birth, (Street and Number) 443 Clement St

5. Full Name of Mother, Rosa Slemaker

6. Mother's Maiden Name, Horn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Slemaker

9. Father's Occupation, Laborer

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerrell

Address, 436 E Fort Ave

Remarks, 18920002404

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, of a certificate between the first and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of any child In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered the provisions of other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 4th

4. Place of Birth, (Street and Number) 741 Raborg St.

5. Full Name of Mother, Ella Johnson

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 W. Lombard St. Md. Univ. Maternity

Remarks, 1892000240 5

JUL 28

Wm J C. Dulany Co., City Printers and Stationers.

[redacted] 6-7-57

RETURN OF A BIRTH 4373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Viola Maurer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 4, 1892
4. Place of Birth, (Street and Number)	835 Columbia ave
5. Full Name of Mother,	Mary A. Maurer
6. Mother's Maiden Name,	Donnelly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H. Maurer
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. C. Gaver M. D.
Address,	830 Columbia ave
Remarks,	B 92 U 002406

Health. This schedule shall contain a list of the births which have occurred [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained, [illegible] the date of each child, if any shall have been conferred) its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No 40344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* F

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 4.

4. *Place of Birth, (Street and Number)* 1111 Ridgely st.

5. *Full Name of Mother,* Katie O Loughlin.

6. *Mother's Maiden Name,* Lot

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* William O Loughlin.

9. *Father's Occupation,* Gannbker.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall St

Remarks, 6920002407

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46375.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th June 1892
4. Place of Birth, (Street and Number) Bolton St. 622
5. Full Name of Mother, Mary Siebert
6. Mother's Maiden Name, " Seliore
7. Mother's Birthplace, French
8. Full Name of Father, Fred. Siebert
9. Father's Occupation, Laborer
10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 622 Bolton St.

Remarks, 1892000

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40376.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	5th of June
4. Place of Birth, (Street and Number)	430 Poison Alley
5. Full Name of Mother,	Johana Sadofski
6. Mother's Maiden Name,	Johana Gabo
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Adolph Sadofski
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St.
Remarks,	8 9 2 0 0 0 2 4 0 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 40377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 6, 1892.
4. Place of Birth, (Street and Number)	226 Carroll St.
5. Full Name of Mother,	Mary Francis Stocksdale.
6. Mother's Maiden Name,	Woods.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Samuel L. Stocksdale.
9. Father's Occupation,	Huckster.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. M. Litchfield M.D.
Address,	291 Cherbert ave.
Remarks,	1892000241 0

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, (if any shall have
been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 5th 1892.
4. Place of Birth, (Street and Number) 900 E. Lombard st
5. Full Name of Mother, Becca Judelowitz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Herman Judelowitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks, 1892000241 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Bessie Gordon
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	S. A. Steene M. D.
Address,	1520 Druid Hill Ave
Remarks,	1892000241 2

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RETURN OF A BIRTH.

A 40380.

GIVEN NAME ADDED 4-4-62

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: James Lester Whittle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race):	
3. Date of Birth,	June 6-92
4. Place of Birth, (Street and Number)	1205 Central Ave 1205
5. Full Name of Mother,	Catherine Whittle
6. Mother's Maiden Name,	" Shrine
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Harry B. Whittle
9. Father's Occupation,	Plasterer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonogh Av
Remarks,	8920002413

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said reflective shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1892
4. Place of Birth, (Street and Number) Columbia Ave.
5. Full Name of Mother, Philomina ~~Kirchner~~ Coulson
6. Mother's Maiden Name, Philomina ~~Cooke~~ ~~Beckmann~~
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James A Coulson
9. Father's Occupation, Granite Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherina Seetach

Address, No 735 W. Pratt St

Remarks, 1892000241 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, June 7. 1892
4. *Place of Birth*, (*Street and Number*) 105 Harrison st
5. *Full Name of Mother*, Sara Friedlander
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Europe
8. *Full Name of Father*, Nathan Friedlander
9. *Father's Occupation*, Shoemaker
10. *Father's Birthplace*, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 22 S. Exeter st

Remarks, 8920002415

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 7. 1892
4. Place of Birth, (Street and Number) 29 N. Eden str
5. Full Name of Mother, Sillie Wittkosky
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Wittkosky
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecili Bernstein

Address, 122 S. Exeter str

Remarks, 8 9 2 0 0 0 2 4 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 7-1892
4. *Place of Birth, (Street and Number)*	815 N. Wolfe
5. *Full Name of Mother,*	Ida B. Wiesner
6. *Mother's Maiden Name,*	" " Thomas
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm J. Wiesner
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	8920002417

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 5th 1892

4. Place of Birth, (Street and Number) Md. Univ. Maternity 622 N. Lombard st

5. Full Name of Mother, Lillie Harper

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 N. Lombard St.

Remarks, 8 9 2 0 0 0 2 4 1 8

JUL 1 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 3-18-57

RETURN OF A BIRTH. 40386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sophie Elizabeth Grothey fourth

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 8th 1892

4. Place of Birth, (Street and Number) 17 West Cross Str

5. Full Name of Mother, Sophie Grothey

6. Mother's Maiden Name, Sophie Kreyder

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. E. Grothey

9. Father's Occupation, Printer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Karl Münch

Address, 800 Leadenhall St

Remarks, 8920002419

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	8. June
4.	*Place of Birth, (Street and Number)*	709 w. Pratt st.
5.	*Full Name of Mother,*	Babette Scheytt
6.	*Mother's Maiden Name,*	Jeblick
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Otto Scheytt
9.	*Father's Occupation,*	Brewer
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	Ste Catherine Sabach 739
	Remarks,	W Pratt St

1892 0002420

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH.

40388

GIVEN NAME ADDED 4-13-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lenore Klavansky

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 8. 1892
4. *Place of Birth, (Street and Number)* 1303 E Pratt st
5. *Full Name of Mother,* Hallie Klavansky (Weinberg)
6. *Mother's Maiden Name,* America
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Ike Klavansky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S Exeter st

Remarks, 8920002421

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Name: William Adam Back 4th 4038

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9th 1892
4. Place of Birth, (Street and Number) 105 N Fulton Ave
5. Full Name of Mother, Mrs Mary A Back
   Hulshoff
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno. J. Back
9. Father's Occupation, Barber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. H. Carter

Address, 1800 W. Balto St.

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

Remarks, 8920002422

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 40390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th

4. Place of Birth, (Street and Number) 1404 E. Chase St

5. Full Name of Mother, Cora Seaman

6. Mother's Maiden Name, " Perkins

7. Mother's Birthplace, City

8. Full Name of Father, Geo. W. Seaman

9. Father's Occupation, Engineer

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, L. O. Bench M.D.

Address, 571 Hanover St

Remarks, 8920002423

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 Sept Jany
4. *Place of Birth, (Street and Number)*	116 Green St
5. *Full Name of Mother,*	Theresia Ebe
6. *Mother's Maiden Name,*	Theresia Hochmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Ebe
9. *Father's Occupation,*	Steinmetzen
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Henkes Midwife
Address,	2116 West Pratt St
Remarks,	1 8 9 2 0 0 0 2 4 2 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 10397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1892
4. Place of Birth, (Street and Number) Md. Univ. Maternity 622 N. Lombard St
5. Full Name of Mother, Annie Barnes
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. L. Ely M.D.

Address, 622 N. Lombard St.

Remarks, 18920002425

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 4393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 11 97
4. Place of Birth, (Street and Number)	1101 Clifton Place
5. Full Name of Mother,	Bertha Blaney
6. Mother's Maiden Name,	" Eby
7. Mother's Birthplace,	Pa.
8. Full Name of Father,	Geo. W. Blaney
9. Father's Occupation,	Laborer Machinist
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	726 E. Preston St.
Remarks,	8920002426

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 11th 1892
4. Place of Birth, (Street and Number) 232 Sycamore Ave. Woodberry.
5. Full Name of Mother, Daisy A. McCarthy
6. Mother's Maiden Name, Daisy A. Belchner
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Patrick Hy. McCarthy
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 123 3d Ave. Woodberry, Balt.

Remarks, 6 9 2 0 0 0 2 4 2 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 11, 1892
4. Place of Birth, (Street and Number)	1008 Wilcox St
5. Full Name of Mother,	Ida L. Kerns
6. Mother's Maiden Name,	Peterson
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Bernard J. Kerns
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	J. Frank Crouch M.D.
Address,	Eagle nr Wilcox St.
Remarks,	8920002428

1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 12, 1892
4. *Place of Birth, (Street and Number)*	501 N. Bond
5. *Full Name of Mother,*	Alice J. Daniel
6. *Mother's Maiden Name,*	Godfrey
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William F. Daniel
9. *Father's Occupation,*	Store keeper
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	J. Grant Brunk, M.D.
Address,	Eager & Wilcox Sts.
Remarks,	1892000 2429

Health. This schedule shall contain a list of the births which shall have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of each child. (if any shall have been conferred) its sex, color, the full name of the child, in the form of a certificate between the first and second schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH No. 40391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 - 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 4
4. Place of Birth, (Street and Number) Baltimore Md 1539 Hemingloy Place
5. Full Name of Mother, Maggie Oconor
6. Mother's Maiden Name, Maggie Dirif
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Oconor
9. Father's Occupation, Tinnerker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs J B Sadler

Address, 412 New St

Remarks, 1892000 2430

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. SULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th June 1892
4. Place of Birth, (Street and Number) S. Cannon Str. 525
5. Full Name of Mother, Lina Sauer
6. Mother's Maiden Name, Morgenstern
7. Mother's Birthplace, Balto.
8. Full Name of Father, Konrad Sammer
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dessenhoffer

Address, 1936 Eastern Ave.

Remarks, 1892000 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12/92.
4. Place of Birth, (Street and Number) 5-39 Dolphin St
5. Full Name of Mother, Janie Anderson.
6. Mother's Maiden Name, High.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno G. Anderson.
9. Father's Occupation, Can maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H Christian

Address, 1801 Madison Ave

Remarks, 1 8 9 2 0 0 0 2 4 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40400.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2 do 1892

4. Place of Birth, (Street and Number) 518 W. Preston St

5. Full Name of Mother, Kate Magdalena Blankfield

6. Mother's Maiden Name, " " " " " Kaiser

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Joseph Mitchell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ellenora Gaff

Address, 206 N. Schroder St

Remarks,

1892 0002433

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RETURN OF A BIRTH. 40401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th Janr 1892
4. Place of Birth, (Street and Number) E. Lombard St. 2227
5. Full Name of Mother, Franziska Schaach
6. Mother's Maiden Name, " Rudel
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Schaach
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1836 Eastern Ave,

Remarks, 1892000 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 46402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 12 - 92
4. *Place of Birth, (Street and Number)* 845 N. Gay
5. *Full Name of Mother,* Henrietta B Lee
6. *Mother's Maiden Name,* Reese
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Wm Bell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* N. Y

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 McDonogh

Remarks, 1 8 9 2 0 0 0 2 4 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child abel Wolman

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3'd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10, 1892

4. Place of Birth, (Street and Number) 122 McElderry

5. Full Name of Mother, Dette Woltman

6. Mother's Maiden Name, Rose Wachsman

7. Mother's Birthplace, (Europe) Poland

8. Full Name of Father, Mrs Moses Woltman WOLMAN

9. Father's Occupation, Tailor

10. Father's Birthplace, (Europe) Poland

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks, 1892U002436

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 70404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13 97
4. *Place of Birth, (Street and Number)*	625 Federal St.
5. *Full Name of Mother,*	Mrs. Sam'l C. Williams
6. *Mother's Maiden Name,*	Katie Grill
7. *Mother's Birthplace,*	MD
8. *Full Name of Father,*	Sam'l C. Williams
9. *Father's Occupation,*	Conductor RR.
10. *Father's Birthplace,*	MD
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	326 E. Preston St
Remarks,	18920002437

child, if any sh... nd place of birth; and the ...certificate between the first and ...In case the birth of any child ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male [redacted] Anton

2. Race or Color, (if not of the white race)

3. Date of Birth, 13 day of June 1892

4. Place of Birth, (Street and Number) 1402 Andre St Locust Point

5. Full Name of Mother, Ana Körber (Koerber) (England)

6. Mother's Maiden Name, Ana Regand

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick William Körber Koerber-(England)

9. Father's Occupation, Cook

10. Father's Birthplace, Homestead Blt Cty

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 Towson St Locust Point

Remarks,

+ 6 9 2 0 0 0 2 4 3 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 40406

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec 4 1892
4. Place of Birth, (Street and Number) 53 Moser Alley
5. Full Name of Mother, Annie E Mensch
6. Mother's Maiden Name, " " Beastel
7. Mother's Birthplace, Bayl County
8. Full Name of Father, Andrew F Mensch
9. Father's Occupation, Upholstering
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr Ed Lobby

Address, 1204 W Lexington St

Remarks,

1892000 2439

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1892- 5 RETURN OF A BIRTH. 40407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 14th

4. Place of Birth, (Street and Number) Md. Univ. Maternity 622 N. Lombard st.

5. Full Name of Mother, Alberta Davis

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. W. Lawson M.D.

Address, 622 N. Lombard St.

Remarks, 18920002440

recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offence, to be recov

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14th
4. *Place of Birth, (Street and Number)*	180 W. Conway St
5. *Full Name of Mother,*	Mary Weaver
6. *Mother's Maiden Name,*	M. Cunningham
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Chas. Weaver
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	L. C. Benson M.D.
Address,	571 W. Lanvale St
Remarks,	18920002441

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th June 1892

4. Place of Birth, (Street and Number) 1508 Burrough St

5. Full Name of Mother, Pauline Allen

6. Mother's Maiden Name, Dropp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Allen

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort Ave

Remarks, 18920002442

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40410.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 to
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th of June
4. *Place of Birth, (Street and Number)*	2010 Christian Alley
5. *Full Name of Mother,*	Bese Rosenstein
6. *Mother's Maiden Name,*	Bese Miernitsch
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Carl Rosenstein
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	8920002443

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40411.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 5th
4. *Place of Birth, (Street and Number)*	320 Pareira St.
5. *Full Name of Mother,*	Lucy Fortune
6. *Mother's Maiden Name,*	Lucy Simmons
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Richard Fortune
9. *Father's Occupation,*	Lab.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jane Maillard
Address,	
Remarks,	1892000 2444

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15th "
4. Place of Birth, (Street and Number) 655 Bamberd Alley
5. Full Name of Mother, Carrie Monroe
6. Mother's Maiden Name, "
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.
Address, Md. Univ. Maternity. 622 N. Lombard St.
Remarks, 8920002445

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15th 1892
4. Place of Birth, (Street and Number) Md. Univ. Lying in Hospital 622 N Lombard St
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. L. Eby M. D.
Address, 622 N. Lombard St.
Remarks, 18920002446

Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause to be printed a sufficient number of blank forms of returns of births which have occurred, or shall occur, within the City of Baltimore, and shall furnish the same to the physicians and midwives who shall have been registered as practitioners in said City, and to such other persons as he may deem necessary, and shall cause to be printed on the blank forms of returns of births which have occurred, or shall occur, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16, 1912
4. *Place of Birth, (Street and Number)*	402 N. Calvert
5. *Full Name of Mother,*	Theresa Downey
6. *Mother's Maiden Name,*	Baltz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John F. Downey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J. Frank Bouch M.D.
Address,	Eagan and Wilcox
Remarks,	

1892 0002447

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 15: 1892
4. Place of Birth, (Street and Number) 1003 E. Pratt St.
5. Full Name of Mother, Rosa Guisberg
6. Mother's Maiden Name, Blum
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Guisberg
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernsteain

Address, 122 S. Exeter St.

Remarks, 1892000 2448

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 16th
4. *Place of Birth, (Street and Number)*	709 Hanover St
5. *Full Name of Mother,*	Lizzie Atkinson
6. *Mother's Maiden Name,*	" Crockett
7. *Mother's Birthplace,*	Talbot County
8. *Full Name of Father,*	Wm J. Atkinson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	E. C. Benson M D
Address,	571 Hanover St
Remarks,	18920002449

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 110416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1892
4. *Place of Birth, (Street and Number)* 1357 North Calhoun St
5. *Full Name of Mother,* Anna E Dinkins
6. *Mother's Maiden Name,* " " Michael
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edward F Dinkins
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs A Dedley

Address, 1004 N Lexington St

Remarks, 8920002450

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the full name and occupation of the physician or midwife in attendance, and the full name and place of residence of the person reporting the birth, and the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or in his absence by the person or persons who shall have been in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father, mother, or, in case of the death or absence of both father and mother, the person or persons having charge of such child, shall within the period above required, and in the manner and form above prescribed, report the birth to the Commissioner of Health, or shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4047.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 16, 1892

4. Place of Birth, (Street and Number) 1165 Low St

5. Full Name of Mother, Bertha Lasden

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Gerson Lasden

9. Father's Occupation,

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks, 1892000 2451

JUL 4

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 40448.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th June 1892
4. Place of Birth, (Street and Number) S. Madeira Alley #12
5. Full Name of Mother, Annie Mary Wietand
6. Mother's Maiden Name, " Stark
7. Mother's Birthplace, Germany
8. Full Name of Father, William Fred. Wietand
9. Father's Occupation, Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1846 Eastern Ave.

Remarks, 1892000 1452

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 92
4. Place of Birth, (Street and Number) 713 E. Eager St.
5. Full Name of Mother, Mary Rogers
6. Mother's Maiden Name, " Lynch
7. Mother's Birthplace, Md.
8. Full Name of Father, Jno. Rogers
9. Father's Occupation, Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson MD

Address, 710 E. Baltimore St.

Remarks, 1892000 2453

Wm J C. Dulany Co., City Printers and Stationers.

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the limitations of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. 40420.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 17th "
4. Place of Birth, (Street and Number) Md. Maria Lexington op. 622 N. Lombard st.
5. Full Name of Mother, Annie Clark
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, L. L. Ely M.D.

Address, 622 N. Lombard st.

Remarks, 1892 0002454

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40421.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1892
4. *Place of Birth, (Street and Number)*	134 St Peter
5. *Full Name of Mother,*	Melinda Willis
6. *Mother's Maiden Name,*	" Lane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo T Willis
9. *Father's Occupation,*	Paperhanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	1892 0002455

be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17. 1892

4. Place of Birth, (Street and Number) St. Vincents Infant Asylum

5. Full Name of Mother, Nellie Hannan

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, not known

9. Father's Occupation, "

10. Father's Birthplace. "

Name of Medical Attendant, or other Person who makes this Return S A Keene M D.

Address, 1520 Druid Hill Ave.

Remarks. 18920002456

To be sent at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 40473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 17th 1892
4. *Place of Birth, (Street and Number)*	132 Davis Ave Woodberry
5. *Full Name of Mother,*	Emma E. Masenheimer
6. *Mother's Maiden Name,*	Emma E. Darr
7. *Mother's Birthplace,*	York Co. Pa.
8. *Full Name of Father,*	William J. Masenheimer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return,	Geo T Bowers, M.D.
Address,	123. 3d Ave. Woodberry, Balt.
Remarks,	1892 U 002457

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four Children
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Baby
3. *Date of Birth,*	17 June 1892
4. *Place of Birth, (Street and Number)*	S. Bond St. 992
5. *Full Name of Mother,*	Caroline Bartholmay
6. *Mother's Maiden Name,*	Caroline Salam
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Bartholmay
9. *Father's Occupation,*	Cigar Manufactory
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie Peetl
Address,	S. Bond St. 888.
Remarks,	0 0 2 4 5 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17-92
4. Place of Birth, (Street and Number) 908 N. Wolfe St
5. Full Name of Mother, Nellie F. Byrnes
6. Mother's Maiden Name, " " Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph W. Byrnes
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 McDonogh St

Remarks, 1892000 2459

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	14th of June 1892
4. Place of Birth, (Street and Number)	1945 West Pratt St
5. Full Name of Mother,	Barbara Curris
6. Mother's Maiden Name,	Barbara Strahler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Curris
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	1892000 2460

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 18th 1892

4. Place of Birth, (Street and Number) 729 Dover St.

5. Full Name of Mother, Fannie Barclay

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M.D.

Address, Md. Univ. Maternity 622 St. Lombard St.

Remarks. 8920002461

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 18th " 1892
4. Place of Birth, (Street and Number) Md. Univ. Lying in Hosp. 622 Lombard St.
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.
Address, 622 N. Lombard St.
Remarks, 1892000 2462

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 18th 1892.
4. *Place of Birth, (Street and Number)*	134 E. Cross St.
5. *Full Name of Mother,*	Margaret D. Walthers.
6. *Mother's Maiden Name*	Maggie W. Tyson (" " Monnell).
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Harry Walthers.
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

1892000002463

This schedule shall contain a list of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 8th 1892.
4. Place of Birth, (Street and Number)	#2054 Federal St.
5. Full Name of Mother,	Minnie Heising.
6. Mother's Maiden Name,	Minnie Arold.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Henry Heising
9. Father's Occupation,	Beer Brewer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. B Kruse
Address,	
Remarks,	8 9 2 0 0 0 2 4 6 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 1892

3. Date of Birth, June 18

4. Place of Birth, (Street and Number) 507 West Wat. St

5. Full Name of Mother, Carrie Deffler

6. Mother's Maiden Name, Carrie Dallman

7. Mother's Birthplace, Balto City

8. Full Name of Father, Chas Deffler

9. Father's Occupation, Window Glass Worker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 800 Scadenall St

Remarks, + 8 9 2 0 0 0 2 4 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

(over)

RETURN OF A BIRTH. 40432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 Juni ~~1900~~ Harestreet

4. Place of Birth, (Street and Number) 1213 Hare street.

5. Full Name of Mother, Anna Hartka

6. Mother's Maiden Name, Wieschaefsla

7. Mother's Birthplace, Germany.

8. Full Name of Father, Franz Hartka

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, M. H. Siebermann

Address, 1227 Hare street.

Remarks, 8 9 2 0 0 0 2 4 6 6

Health. This schedule shall contain a list of the births which have occurred in the family or house or in the practice of the physician or midwife, or under the charge or care of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	V
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18th June 1892
4. Place of Birth, (Street and Number)	S. Madeira Alley 320
5. Full Name of Mother,	Maggie Zorn
6. Mother's Maiden Name,	Eder
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Gerald Zorn
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mr. Deisenhofer 804 Eastern Ave
Remarks,	1 8 9 2 0 0 0 2

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40434.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 19. 1892
4. Place of Birth, (Street and Number) 700 E. Pratt str
5. Full Name of Mother, Sara Lazarus
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Meyer Lazarus
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks, 1 8 9 2 0 0 0 2 4 6 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 10435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 19th 1892
4. *Place of Birth, (Street and Number)*	1448 Boundary ave, W
5. *Full Name of Mother,*	Jennie Lunlaw
6. *Mother's Maiden Name,*	" Riley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edw Lunlaw
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	18920002469

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19/92.
4. *Place of Birth, (Street and Number)* 1730 Division St
5. *Full Name of Mother,* Lilly Van Donaker
6. *Mother's Maiden Name,* Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Owen Stw Van Donaker
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. N. Christian

Address, 1801 Madison Ave

Remarks, 1892000 2470

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 19 1892
4. Place of Birth, (Street and Number) 1263 E. Fayette st
5. Full Name of Mother, Lizzie Miles
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Miles
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Bennslau

Address, 122 S. Exeter st

Remarks, 1892 U 002471

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 4-21-53 A 40438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruby Hintline

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19th June 1892

4. Place of Birth, (Street and Number) 5th & E Fort Ave

5. Full Name of Mother, Emma (Lillian) Hintline

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard (Lillian) Hintline

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks, 18920002472

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and shall occur upon the mother, immediately thereafter and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 nuth June 1892
4. Place of Birth, (Street and Number) 281 Font ave
5. Full Name of Mother, Minnie Vandutch
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, Howard Vandutch
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Font ave

Remarks, 1 8 9 2 0 0 0 2 4 7 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40440.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th June 1892
4. *Place of Birth, (Street and Number)*	423 Aliage St
5. *Full Name of Mother,*	Mary Catharine Sermon
6. *Mother's Maiden Name,*	Bosmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Theodore Sermon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	436 E Fort ave
Remarks,	8920002474

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40644.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19th June 1892
4. *Place of Birth, (Street and Number)*	530 E Fort Ave
5. *Full Name of Mother,*	Lavina Magaha Kinby
6. *Mother's Maiden Name,*	Magaha
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Kinby
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Gerwell
Address,	936 E Fort Ave
Remarks,	18920002475

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	124 montgomery st
4.	*Place of Birth, (Street and Number)*	June 20 th 1892
5.	*Full Name of Mother,*	Georgean Herd
6.	*Mother's Maiden Name,*	Georgean Smith
7.	*Mother's Birthplace,*	Anzuendel country
8.	*Full Name of Father,*	Peter Herd
9.	*Father's Occupation,*	Lavor
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Charlottie Williams
	Address,	910 Leaden - Hall St
	Remarks,	five Dollars

1892 00002476

JUL 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1892
4. Place of Birth, (Street and Number) Md. Univ. Lying in Hospital 622 N. Lombard St.
5. Full Name of Mother, Martha Irving
6. Mother's Maiden Name, "
7. Mother's Birthplace, Penn.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Jno. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks, 1892 0002477

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 20, 1892.
4. Place of Birth, (Street and Number)	245 Hoffman ave.
5. Full Name of Mother,	Eleanora Smith.
6. Mother's Maiden Name,	White.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John Wesley Smith.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. Kimball M.D.
Address,	291 Chestnut ave.
Remarks,	1892 0002478

Register of such Birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40445.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 20 — 1892
4. Place of Birth, (Street and Number)	No. 1815 West Fallsplace
5. Full Name of Mother,	Dora Zefga
6. Mother's Maiden Name,	Zabgel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Carl Zefga
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser & midwife
Address,	1032 Hanover st.
Remarks,	

692 0002479

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 one
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20th 1892
4. Place of Birth, (Street and Number) 207 Parish Alley
5. Full Name of Mother, Annie Parker
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.
Address, M. Univ. Maternity 622 N. Lombard St.
Remarks, 8920002480

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or nurse, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third pregnancy

1. *Sex, (state whether male or female)* Males (Twins)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20/92
4. *Place of Birth, (Street and Number)* 1327 Hillman St
5. *Full Name of Mother,* Ella McCann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* John McCann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, N E B Eglehart Md

Address, 1813 N Calvert St

Remarks,

8920002481

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A 4044

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colrd.
3. Date of Birth, June 21, 1892.
4. Place of Birth, (Street and Number) 301 Williams St.
5. Full Name of Mother, Kate O'Brien.
6. Mother's Maiden Name, O'Neill.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Lerwick Stevens O'Brien
9. Father's Occupation, Engineer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut-ave.

Remarks,

8920002482

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 10449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st " 1892
4. Place of Birth, (Street and Number) W. U. Lying in Hosp. 622 W. Lombard
5. Full Name of Mother, Stella Harris
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Ga.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M.D.

Address, 622 W. Lombard st.

Remarks, 8920002483

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-15-57

RETURN OF A BIRTH

40450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lilly M. Moerken

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	21st of June 1892
4. *Place of Birth, (Street and Number)*	1131 Wisconsin St
5. *Full Name of Mother,*	Margareth Moerken.
6. *Mother's Maiden Name,*	Margareth Momberger.
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	Henry Moerken.
9. *Father's Occupation,*	Cabinat Maker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mary Hunter
Address,	1892 0002 1516 Pulaski St
Remarks,	

months, and shall set forth as far as the same can be ascertained the full name of each child. If any child have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BRADY & CO., CITY PRINTERS AND STATIONERS.

46

RETURN OF A BIRTH. 40451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 22. 1892
4. Place of Birth, (Street and Number) 509 Aisquith str
5. Full Name of Mother, Annie F Hellman
6. Mother's Maiden Name, — Joseph
7. Mother's Birthplace, Europe
8. Full Name of Father, Max H Hellman
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Rev C. Bernstein

Address, 122 S. Exeter str

Remarks, 8 9 2 U 0 0 2 4 8 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the same manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-3-56

RETURN OF A BIRTH. A 40462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Children
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27th June - 1893
4. Place of Birth, (Street and Number)	Lucas Street 1539
5. Full Name of Mother,	Cora Paul
6. Mother's Maiden Name,	Cora Mile
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H Paul
9. Father's Occupation,	
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie Reed
Address,	
Remarks,	C.8 B Dr 28388 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Fem
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 22 1892
4. *Place of Birth, (Street and Number)* 1525 Montrose St
5. *Full Name of Mother,* Maggie Smith
6. *Mother's Maiden Name,* Herzog
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M A Dudley

Address, 1004 W Lexington St.

Remarks, + 8 9 2 0 0 0 2 4 8 7

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 40467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22nd of June
4. Place of Birth, (Street and Number)	321 S. Woodyear street Balto
5. Full Name of Mother,	Madgalene Quinn
6. Mother's Maiden Name,	Madgalene Loose
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John Quinn
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mare Thorn
Address,	1310 W. Pratt street.
Remarks,	1892000248 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 22 / 92

4. Place of Birth, (Street and Number) 118 Winter St.

5. Full Name of Mother, Anne Queen

6. Mother's Maiden Name, Anne Franklin

7. Mother's Birthplace, Maryland.

8. Full Name of Father, John Queen

9. Father's Occupation, Drayman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, P. J. Johnson

Address, 413 Shark ft. city

Remarks, No 8 Name as yet. 12000248 9

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

40456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* June 22/92
4. *Place of Birth, (Street and Number)* 57 Broadway
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* Mary Hall
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Geo Wilson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, James Woodland

Address,

Remarks, 1892000 2490

Wm J. C. Dulany Co City Printers and Stationers.

Notice.—The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40457.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22d June 1892

4. Place of Birth, (Street and Number) 1538 Boyle St

5. Full Name of Mother, Charlotte Allen Schekells

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Allen

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort ave

Remarks, 8920002491

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 1892
4. Place of Birth, (Street and Number) 11-19 Falls road
5. Full Name of Mother, Mary A Shipley
6. Mother's Maiden Name, Shafer
7. Mother's Birthplace, Pa
8. Full Name of Father, William Shipley
9. Father's Occupation, Laborer
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return, Martha King

Address, 5. 15 Richmond ave.

Remarks, 1892 Baltimore Md

8 9 2 0 0 0 2 4 9 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40459.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 23. 1892
4. Place of Birth, (Street and Number) 203 S Exeter st
5. Full Name of Mother, Golde Meyer
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Meyer
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks, 1 8 9 2 0 0 0 2 4 9 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 70460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23/92.
4. *Place of Birth, (Street and Number)* 528 N. Stricker St
5. *Full Name of Mother,* Mary F. Carlyle.
6. *Mother's Maiden Name,* Wooley.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis L. Carlyle.
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. J. H. Christian

Address,

Remarks,

8920002494

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 10461.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 23/92
4. Place of Birth (Street and Number),	1718 Gough Str.
5. Full Name of Mother,	Annie Hertel
6. Mother's Maiden Name,	" Back
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Hertel
9. Father's Occupation,	Brick Maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M. D
Address,	1270 Broadway
Remarks,	1892000249 5

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 23rd, 1892
4. Place of Birth, (Street and Number) Md. Univ. Lying in Inf. 622 N. Lombard
5. Full Name of Mother, Maria Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M.D.

Address, 622 N. Lombard St.

Remarks, 1 8920002496

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd, 1892
4. Place of Birth, (Street and Number) Md Univ Lying in Hosp. 622 W. Lombard st
5. Full Name of Mother, Emma Mathews
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M.D.

Address, 622 W. Lombard St.

Remarks, 8920002497

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40464.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 23th 1892.
4. *Place of Birth, (Street and Number)*	#1750 Bel Air Ave.
5. *Full Name of Mother,*	Lizzie Silverman
6. *Mother's Maiden Name,*	Lizzie Unger.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Louis Silverman.
9. *Father's Occupation,*	Beer Brewer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Behrens.
Address,	
Remarks,	8920002498

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40465.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of June
4. Place of Birth, (Street and Number) Baltimore Hare St No 1233
5. Full Name of Mother, Julia Wroblewska
6. Mother's Maiden Name, Julia Gorna
7. Mother's Birthplace, Smuszewey Germany
8. Full Name of Father, Joseph Wroblewsky
9. Father's Occupation, Track Forman Northern Central R R
10. Father's Birthplace, Brabolleny Germany

Name of Medical Attendant, or other person who makes this Return, Wm F. Liessemann.

Address, 1225 Hare street.

Remarks,

1 8 9 2 0 0 0 2 4 9 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-21-57

RETURN OF A BIRTH. A 40466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Louis ~~Myers~~ III

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th June 1892
4. *Place of Birth, (Street and Number)* ~~Same~~ Fell St. 910
5. *Full Name of Mother,* Augusta Meyers
6. *Mother's Maiden Name,* Siebert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert Meyers
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1660 Eastern Ave

Remarks, 1892 0002660

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 June
4. Place of Birth, (Street and Number) Baltimore. Curley #921
5. Full Name of Mother, Mrs Henry Jackson
6. Mother's Maiden Name, Mary Andree
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Charles Jackson
9. Father's Occupation, Saler
10. Father's Birthplace, Northeast Cuel. Co

Name of Medical Attendant, or other person who makes this Return, Alex P Lieberman

Address, 1225 Hare street.

Remarks,

1 8 9 2 0 0 0 2 5 0 1

JUL 1892

Birth to be registered as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

40468.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th June 1892

4. Place of Birth, (Street and Number) 1119 Elderly Ave. 2129

5. Full Name of Mother, Annie Mueller

6. Mother's Maiden Name, Gehring

7. Mother's Birthplace, Balto.

8. Full Name of Father, Konrad Mueller

9. Father's Occupation, Late Saloonkeeper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 406 Eastern Ave

Remarks, 18920002502

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names which shall have been conferred upon each child (if any shall have been conferred), and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 21st 1892
4. Place of Birth, (Street and Number)	1211 E. Madison
5. Full Name of Mother,	Sidney A. Wolfe
6. Mother's Maiden Name,	Leaf
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Dudley A. Wolfe
9. Father's Occupation,	Teacher
10. Father's Birthplace,	Charles Co
Name of Medical Attendant, or other person who makes this Return.	J. Frank Crouch, M.D
Address,	Eyer & Wilson
Remarks,	1892000 2503

Name: Smallwood Leaf Wolfe

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40470.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 24, 1892.
4. Place of Birth, (Street and Number)	126 Chestnut ave.
5. Full Name of Mother,	Emma Jane Burnham
6. Mother's Maiden Name,	Dibert.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	George W. Burnham
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	—

1 8 9 2 0 0 0 2 5 0 4

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th June 1892
4. Place of Birth, (Street and Number) Gough St. 1617
5. Full Name of Mother, Annie Oldman
6. Mother's Maiden Name, n Bottenlocher
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Oldman
9. Father's Occupation, Stevendorr
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1506 Eastern Ave.

Remarks, 1892 | 8920002

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4047r.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 24, 1892
4. *Place of Birth, (Street and Number)* 914 Fawn st
5. *Full Name of Mother,* Becca Bank
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Bank
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S Exeter st

Remarks, 8920002506

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24 92
4. Place of Birth, (Street and Number) 825 N. Ann St.
5. Full Name of Mother, Edith Cropper Little
6. Mother's Maiden Name, " Cropper
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Wm Geo. Little
9. Father's Occupation, Baker
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, G. G. Link M.D.

Address, 2000 E. Baltimore St.

Remarks, Natural delivery

8920002507

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF BIRTH A 40474

GIVEN NAME ADDED 10/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Baltimore

Name: Agnes Olivia Hanes

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sister of a Dead Stillborn

1. Sex, (state whether male or female) Female Child

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25 1899

4. Place of Birth, (Street and Number) Hickory ave 239 Baltimore

5. Full Name of Mother, Eliza J Hanes

6. Mother's Maiden Name, Young

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, John James P

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other person who makes this Return, Martha King

Address, 859 Hickory ave Hampden Baltimore MD

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40475.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th June 1892
4. Place of Birth, (Street and Number) S. Ceastle Str. 110
5. Full Name of Mother, Clara Reis
6. Mother's Maiden Name, Ritter
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Reis
9. Father's Occupation, Cannmacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 856 Eastern Ave.

Remarks, 8 9 2 0 0 0 [illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 25, 1892
4. Place of Birth, (Street and Number)	1270 Columbia ave
5. Full Name of Mother,	Hannah E. Chamberlain
6. Mother's Maiden Name,	Forwood
7. Mother's Birthplace,	Hartford Co Maryland
8. Full Name of Father,	Jas T. Chamberlain
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Hartford Co Maryland
Name of Medical Attendant, or other person who makes this Return.	A. Delgarno M D
Address,	130 Columbia Ave
Remarks,	1892000251 0

JUL 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40477

[MAIDEN NAME INDEX 9-3-60]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Adelia Lepson	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 25 1892
4. Place of Birth, (Street and Number)	717 St Peter St
5. Full Name of Mother,	Ella Lepson
6. Mother's Maiden Name,	" Hartman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Leo W Lepson Jr
9. Father's Occupation,	Granite Cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Hahaun
Address,	
Remarks,	1892 0002511

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Twins

1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th June 1892
4. Place of Birth, (Street and Number) N. Bradford Alley 119
5. Full Name of Mother, Mary Sauer
6. Mother's Maiden Name, Rensckbers
7. Mother's Birthplace, Germany
8. Full Name of Father, Mich. Sauer
9. Father's Occupation, Stevendore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1115 Eastern Ave

Remarks, 8 9 2 0 0 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 25-92
4. Place of Birth, (Street and Number) 1733 Jefferson St
5. Full Name of Mother, Laura V. Jefferson
6. Mother's Maiden Name, " " Monroe
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert T. Jefferson
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 McDonogh St

Remarks, 18920002513

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40480.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th Twins.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26/92.
4. Place of Birth, (Street and Number) 601 Chappell St
5. Full Name of Mother, Mary Ann Roberts.
6. Mother's Maiden Name, Nixon
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Grier Roberts.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

18920002514

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1892
4. Place of Birth, (Street and Number) #2544 Hendson st
5. Full Name of Mother, Francis Ann Siegenheim
6. Mother's Maiden Name, " " McAbee
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Siegenheim
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, #2429 Lancaster st

Remarks, 8920002515

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name, the sex, and each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter. It shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. GELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Samuel Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26 1892
4. Place of Birth, (Street and Number) 5.29 Jefferson Baltimore
5. Full Name of Mother, Lydia Patterson
6. Mother's Maiden Name, Glassinger
7. Mother's Birthplace, Baltimore county
8. Full Name of Father, Thomas Patterson
9. Father's Occupation, mandolin
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Martha King Thompson

Address, 5.29 Jefferson ave Baltimore

Remarks, 8-9 2705-0 Dictorys

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26 1892
4. Place of Birth, (Street and Number) 132 Hillman St
5. Full Name of Mother, Mary A. Paul
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Prince George's Co.
8. Full Name of Father, Lucian C. Paul
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, J. Frank Brouch M.D.

Address, Eager & Wilson

Remarks, 1892000251 7

Health. This Schedule shall contain a list of the births which have occurred under his or her observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40484.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th
4. *Place of Birth, (Street and Number)* 1169 Cleveland St
5. *Full Name of Mother,* Iresa Doorman Mrs
6. *Mother's Maiden Name,* Iresa Doorman
7. *Mother's Birthplace,* Baetimore
8. *Full Name of Father,* Francis Mrs
9. *Father's Occupation,* Steel-Beater
10. *Father's Birthplace,* Baetimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hellingonder Place

Remarks, 8 9 2 0 6 8 2 5 Pond Lada St

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th of June
4. Place of Birth, (Street and Number) 651 Germain St
5. Full Name of Mother, Paulina Göllnitz
6. Mother's Maiden Name, Paulina Hamm
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermann Göllnitz
9. Father's Occupation, Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 West Pratt St

Remarks, 8920002519

nonth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th of June
4. *Place of Birth, (Street and Number)*	2123 Christian St
5. *Full Name of Mother,*	Katharina Eisenberg
6. *Mother's Maiden Name,*	Katharina Sobel
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Samuel Eisenberg
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St.
Remarks,	1892000?520

JUL 1 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40487.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 26-92
4. *Place of Birth, (Street and Number)*	1637 E. Madison
5. *Full Name of Mother,*	Margaret E. Arthur
6. *Mother's Maiden Name,*	" " Stingle
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Edwin Arthur
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	1892U002521

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27th 1892
4. *Place of Birth, (Street and Number)*	932 Hollins St Balti Md
5. *Full Name of Mother,*	Laura Willman
6. *Mother's Maiden Name,*	Laura Lewis
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Fred Willman
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. Minnie M.D.
Address,	206 N Schroeder St
Remarks,	

1892 U 00 2522

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Death. This Certificate is to be filled up as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 27th
4. *Place of Birth, (Street and Number)* 29 Rush St
5. *Full Name of Mother,* Mary Houck
6. *Mother's Maiden Name,* Mary Hale
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Houck
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. L. F. Wise M.D.

Address, Waverly Balt. Md.

Remarks,

1892 000 2523

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SELAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27th 1892
4. *Place of Birth, (Street and Number)*	109 N. Belnont ave
5. *Full Name of Mother,*	Estelle Pitts
6. *Mother's Maiden Name,*	Estelle Clarke
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edw L. Pitts
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	753 E Lexington st
Remarks,	1892000252

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2d 1892
4. *Place of Birth, (Street and Number)* 216 Rock St
5. *Full Name of Mother,* Annie Burgoff
6. *Mother's Maiden Name,* " " Wagner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Burgoff
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm Wagner Jr

Address, 206 N. Schroder St

Remarks,

18920002525

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full date of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 28 92

4. *Place of Birth, (Street and Number)* 404 E. Chase St

5. *Full Name of Mother,* Mary Gyer Brown

6. *Mother's Maiden Name,* Md

7. *Mother's Birthplace,* Wm H. Gyer

8. *Full Name of Father,* Bookkeeper

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 1726 E. Pratt St

Remarks, 18920002526

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-28-57

RETURN OF A BIRTH. A 40493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucia Serena ~~Collins~~ Collins

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28.-1892
4. Place of Birth, (Street and Number) 1524 N. Wolf St
5. Full Name of Mother, Annie Collins
6. Mother's Maiden Name, White
7. Mother's Birthplace, " Prince George County
8. Full Name of Father, John H. Collins
9. Father's Occupation, Machinist
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, D. C. Bruce M.D.

Address, 511 N. Stricker St

Remarks, 1 8 9 2 0 0 0 2 5 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-17-57

RETURN OF A BIRTH.

40494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William ~~Frederick~~ Harborn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 — 1892
4. Place of Birth, (Street and Number) 13 ao Grass st
5. Full Name of Mother, Sophie Harborn
6. Mother's Maiden Name, Stark
7. Mother's Birthplace, America
8. Full Name of Father, Albert Harborn
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Lobwasser midwife

Address, 1032 Hanover st

Remarks,

JUL 25 1892

1892 0002528

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-16-57

RETURN OF A BIRTH. A 404496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beatrice Theresa Cavallaro

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. ~~Race~~ or Color, (if not of the white race) White
4. Date of Birth, June 28 - 1892
5. Place of Birth, (Street and Number) 7 W. Montgomery St.
6. Full Name of Mother, Annie Carolata Cavallaro
7. Mother's Maiden Name, " Angelo
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Serria Candido Cavallaro
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Italy
12. Name of Medical Attendant, or other person who makes this Return. Thos. Austin Gaut, M.D.
13. Address, 914 W. Charles St.
14. Remarks,

1892000 2529

Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th June 1892
4. Place of Birth, (Street and Number) L. Chapel St. 246
5. Full Name of Mother, Maggie Benzing
6. Mother's Maiden Name, V. Welock
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Benzing
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1336 Eastern Ave

Remarks, 1 8 9 2 0 0 0 2

Month, and shall set forth as far as the same can be ascertained the full name, sex, color, if any, and the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 4 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th June 1892
4. Place of Birth, (Street and Number) S. Castle St. 244
5. Full Name of Mother, Ottilia Herman
6. Mother's Maiden Name, " Schoenherr
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Herman
9. Father's Occupation, Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 406 Eastern Ave.

Remarks, 8920002531

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any additional have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th June 1892
4. Place of Birth, (Street and Number) S. Register Str. 41 5
5. Full Name of Mother, Barbara Whittin
6. Mother's Maiden Name, " Winman
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Whittin
9. Father's Occupation, Laberer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 526 Eastern Ave.

Remarks, 18920002

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40499.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Confinement

1. Sex, (state whether male or female) Male & Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 29 — 1892.

4. Place of Birth, (Street and Number) 205 First St Canton.

5. Full Name of Mother, Catherine Cummins.

6. Mother's Maiden Name, Catherine Harvey.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Wm H. Cummins.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. George Lotz M.D.

Address, 3139 Elliott St. formerly 133 Balt St

Remarks, 1 8 9 2 0 0 0 2 5 3 3

he ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, or should no other person be in the Commissioner of Health.
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 29, 1892.
4. Place of Birth, (Street and Number) 540 Linany ave.
5. Full Name of Mother, Kate Francis Lucas
6. Mother's Maiden Name, Whiteley.
7. Mother's Birthplace, Md.
8. Full Name of Father, William O. Lucas.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 791 Chestnut ave.

Remarks, 1892 0002534

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child born; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

40501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June, 29, 1892

4. Place of Birth, (Street and Number) 2565 McCulloh St.

5. Full Name of Mother, Annie Minton

6. Mother's Maiden Name, Annie Weaver

7. Mother's Birthplace, Ireland

8. Full Name of Father, Henry J. Minton

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. R. Miller, M.D.

Address, # 2318 Druid Hill Ave., Balto.

Remarks, 1 8 9 2 0 0 0 2 5 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the occupation of its parents, the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 40507.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born June 29 th
4. *Place of Birth, (Street and Number)* No 2310 Hoekton st
5. *Full Name of Mother,* Mrs Martha Zubing
6. *Mother's Maiden Name,* Martha Huebsch
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Mr Charles Zubing
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Shockney

Address, Mrs Mary E Shockney 731 Lusby Leland St

Remarks, 6 7 2 0 0 0 2 5 3 6

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births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 29th 1892
4. *Place of Birth, (Street and Number)* 228 N Roland Ave. Hampden
5. *Full Name of Mother,* Mary Alice Stenner
6. *Mother's Maiden Name,* Mary Alice Loats
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Frederick J. Stenner
9. *Father's Occupation,* Tuckster
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 123 E. 3d Ave. Woodberry, Balt.

Remarks, 1892000 2537

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

RETURN OF A BIRTH. 40304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the forth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* born on 29 of june
4. *Place of Birth, (Street and Number)* 116 Islington Av Bal. Md.
5. *Full Name of Mother,* Mrs Charlotte Wilson
6. *Mother's Maiden Name,* Miss Charlotte Hartman
7. *Mother's Birthplace,* 116 South Islington Av.
8. *Full Name of Father,* Richard Hall Wilson
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Dr Sallie Seabrook

Address, 735 W Pratt St Baltimore Md

Remarks, 1892000 2538

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the practice of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

40305.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th June 1892

4. Place of Birth, (Street and Number) S. Madeira Alley 419

5. Full Name of Mother, Annie Schoenhoff

6. Mother's Maiden Name, " Bauch

7. Mother's Birthplace, Balto.

8. Full Name of Father, Bernhard Schoenhoff

9. Father's Occupation, Cannacker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1526 Carter Ave.

Remarks, 1892000

JUL 4 1892

months, and shall set forth as far as the same can be ascertained the particulars required by the said schedule as to the parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwifery, or surgery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

#82265

GIVEN NAME ADDED 2-13-57

RETURN OF A BIRTH. 40306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Rhea Sinsheimer First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday June 29th 92 (10 o'clock)
4. Place of Birth, (Street and Number) 1303 Edmondson Ave
5. Full Name of Mother, Josephine Sinsheimer
6. Mother's Maiden Name, Josephine Bornheim
7. Mother's Birthplace, Ironton, Ohio
8. Full Name of Father, Ralph Sinsheimer
9. Father's Occupation. Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Arnold Jones

Address, 116 W Mulberry St - Baltimore Md

Remarks, 1892000 2540

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each house or other place of abode during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) 2 Females (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th/92
4. Place of Birth, (Street and Number) 416. N Mount St
5. Full Name of Mother, Eliza Fowler Heasty
6. Mother's Maiden Name, Eliza Fowler
7. Mother's Birthplace, New York
8. Full Name of Father, Francis Heasty
9. Father's Occupation, Brush Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. A. C. Fox. M.D.

Address, 508. W Fayette St

Remarks, I made out Five Births by mistake but forgot to report (Two births) (Twins) instead of four. S. C. Fox

Send Duplicate.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George Lewis Kelly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30. 1892
4. Place of Birth, (Street and Number) No 1429 Aliceanna St
5. Full Name of Mother, Ellen Kelly
6. Mother's Maiden Name, Ellen Benton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Kelly
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Catherine Horning

Address, No 1517 Byrd St

Remarks, 1892000254 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

REGISTRY OF BIRTHS. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 30 1892
4. Place of Birth, (Street and Number)	817 Leadenhall St.
5. Full Name of Mother,	Sarah F Tilghman
6. Mother's Maiden Name,	Sarah F Gradijna
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	L Tilghman
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Kent Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address,	215 King Street
Remarks,	

1892000 2543

1892 OCT 5

If any person required by this section to report the birth of any child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 46370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 30 1892

4. Place of Birth, (Street and Number) No 663 Vine Street

5. Full Name of Mother, Clara Russell

6. Mother's Maiden Name, Clara Gardner

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Lisaide Russell

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 915 King Street.

Remarks,

1892000 2544

JUL 1892

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 30
4. *Place of Birth, (Street and Number)* 1427 Covington St
5. *Full Name of Mother,* Minnie Lapsman
6. *Mother's Maiden Name,* " Thompson
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Geo. C. Lapsman
9. *Father's Occupation,* boat builder
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Dr. Bunch M.D.

Address, 571 Hanover St

Remarks, 8920002545

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. ~~Date~~ of Birth, June 30 1892

4. Place of Birth, (Street and Number) 222 little Church st

5. Full Name of Mother, Emilia Warthen

6. Mother's Maiden Name, Muth

7. Mother's Birthplace, Germany

8. Full Name of Father, William Warthen

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Schwarzer midwife

Address, 1032 Hanover st.

Remarks,

8920003514

Wm J C. Dulany Co., City Printers and Stationers.

Health. and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

be ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth; and the
been conferred,) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
ith, in the manner and within the period above required, and
ll to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Thursday June 30th 1892.
4. *Place of Birth, (Street and Number)* Good Samaritan Hosp. #1031 McCulloh St.
5. *Full Name of Mother,* Elizabeth Johnson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Alexandria Virg.
8. *Full Name of Father,* Isaac Johnson
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Richmond Virg

Name of Medical Attendant, or other person who makes this Return, James Emmett Stokes. M.D.

Address, Resd Phys. Hosp of the Good Samaritan. #1020 McCulloh St.

Remarks, 1 8 9 2 0 0 0 2 5 4 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Milton ~~Dallas~~ Langley III

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st June 1892
4. Place of Birth, (Street and Number) S. Collington Ave. 412
5. Full Name of Mother, ~~Ida Lenore~~ Langley
6. Mother's Maiden Name, ~~Eastwood~~ Weatherstine
7. Mother's Birthplace, Balto.
8. Full Name of Father, ~~Harry Lenore~~ Langley
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address, CERTIFICATE CORRECTED 3-31-53 Mrs. Deisenhofer

Remarks, 1892 6 mo 1556 Eastern Ave.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 30/92.
4. Place of Birth, (Street and Number) 5-8 Roberts St.
5. Full Name of Mother, Agnes Campbell Marshall.
6. Mother's Maiden Name, Campbell.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Stephen ~~Campbell~~ Marshall.
9. Father's Occupation, Car Conductor.
10. Father's Birthplace, St. Michaels Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks, 1 8 9 2 0 0 0 2 5 4 9

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-28-57

RETURN OF A BIRTH

A 40576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Cate Blakeley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1892
4. Place of Birth, (Street and Number) Philmore Stud Homestead City
5. Full Name of Mother, Sarah Blakeley
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Virginia Va
8. Full Name of Father, William Blakeley
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. H. Young, Westbrook, Md.

Address, 237 Gorsuch Avenue

Remarks,

1892 JUL

1892 0002550

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his observation since the ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such attendance upon the mother, immediately thereafter it shall become and with in the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 3d

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30th
4. Place of Birth, (Street and Number) 732 Dolphin St
5. Full Name of Mother, Mary M. Furst
6. Mother's Maiden Name, " " Albert
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jacob H. Furst
9. Father's Occupation, Printer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. John L. Huck

Address, 4647 Lafayette Ave (West)

Remarks, 18920002551

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 dy
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 30 1892
4. *Place of Birth, (Street and Number)*	636 S Paca
5. *Full Name of Mother,*	Julia Darby
6. *Mother's Maiden Name,*	" Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Willard F. Darby
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	18920002552

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 40579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 30 1892
4. *Place of Birth, (Street and Number)*	65 E W Pratt St
5. *Full Name of Mother,*	Laura Bruce Jordan
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Edw W Bruce
8. *Full Name of Father,*	Distiller
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Leo Rhahaun
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	1892000253

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

1400'20.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Christopher Mader

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30, 1892
4. *Place of Birth, (Street and Number)*	2240 Essex St.
5. *Full Name of Mother,*	Madeline Mader
6. *Mother's Maiden Name,*	Madeline Hillner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Mader
9. *Father's Occupation,*	Can-maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary L. Sumpne
Address,	726 Eutaw St.
Remarks,	CITIZEN NAME ADDED 1-27-53

1892000254

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 30, 1892.
4. Place of Birth, (Street and Number) 2023 Oak St.
5. Full Name of Mother, Lelora May Parsons.
6. Mother's Maiden Name, Shipe.
7. Mother's Birthplace, Md.
8. Full Name of Father, James Edward Parsons.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Kitchell M.D.

Address, 29 Chestnut ave.

Remarks, 1892000255 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 406 M

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1892
4. Place of Birth, (Street and Number) 311 S. Calhoun st.
5. Full Name of Mother, Mrs Henrietta Vaughan Ellis
6. Mother's Maiden Name,
7. Mother's Birthplace, Va
8. Full Name of Father, Julian Vaughan
9. Father's Occupation, Brakeman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. M H Carter M D

Address, 1800 W. Balto St.

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

Remarks, 18920002556

The Physician shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. GALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st of May

4. Place of Birth, (Street and Number) No 11 Frederick Road

5. Full Name of Mother, Anna Ganser

6. Mother's Maiden Name, Anna Dumler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Ganser

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 West Pratt St.

Remarks,

1 8 9 2 0 0 0 2 5 5 7

Health. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1705 M.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 1st '92
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Maud Nelson.
6. Mother's Maiden Name,
7. Mother's Birthplace, Va.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame. M.D.

Address, 115 W. Lombard St.

Remarks,

1892000258

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 2nd '92
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Jennie Nicholson.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. W. Wayland France. M.D.

Address, 115 W. Lombard.

Remarks,

1 8 9 2 0 0 0 2 5 5 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 4th/92
4. *Place of Birth, (Street and Number)* #2219 Lexington St.
5. *Full Name of Mother,* Lizzie B Bankert
6. *Mother's Maiden Name,* " Orman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Lorenz Blankert
9. *Father's Occupation,* Dairy Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie L Lindner

Address, #106 S. Hanover St.

Remarks, 8920002560

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 7th '92
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Ruby Henry.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame. M.D.
115 W. Lombard St.

Address,

Remarks,

1 8 9 2 0 0 0 2 5 6 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th 1892
4. *Place of Birth, (Street and Number)*	715 Dolphin st
5. *Full Name of Mother,*	Sarah Ellen Kettle Hobbs
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Alfred J. Kettle
9. *Father's Occupation,*	Shoe Cutter
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Dr. [illegible]
Address,	833 Edmondson ave
Remarks,	1892000256 2

The Secretary shall record as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
or practitioner of midwifery should no other person be in
er it shall become the duty of the person or parents of such
ith, in the manner and within the period above required, and
ll to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8th 1892

4. Place of Birth, (Street and Number) 1309 Homewood Ave

5. Full Name of Mother, Mary J Erdman

6. Mother's Maiden Name, Carlon.

7. Mother's Birthplace, Balto.

8. Full Name of Father, James A Erdman

9. Father's Occupation, Milkman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S H. Seldner M D

Address, 1501 E. Eager St.

Remarks, 1892000025 63

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RETURN OF A BIRTH. A 40530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Clarence William Reninger

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th June

4. Place of Birth, (Street and Number) 1230 N. Balto. St. Baltimore.

5. Full Name of Mother, Celia Reninger

6. Mother's Maiden Name, Celia Rutsack

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Hedwick Reninger

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Lindauer

Address, 106 E. Monroe St. Balto. Md.

Remarks, 1 8 9 2 0 0 0 2 5 6 4

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 8 — 1892

4. Place of Birth, (Street and Number) 1311 E. Monument St.

5. Full Name of Mother, Matilda W. Seward

6. Mother's Maiden Name, Lehmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. P. Seward

9. Father's Occupation, Dealer in Produce

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marg Stein

Address, 1427 E Fratt St.

Remarks, 18920002565

JUL 2

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

40637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1) —

1. *Sex, (state whether male or female)* Male — Allen D. Robbins
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 8th 1892.
4. *Place of Birth, (Street and Number)* 1019 Argyle Ave.
5. *Full Name of Mother,* Belle K. Robbins —
6. *Mother's Maiden Name,* Belle K. Donaldson —
7. *Mother's Birthplace,* Port Deposit Maryland —
8. *Full Name of Father,* Charles E. Robbins —
9. *Father's Occupation,* Umbrella Finisher —
10. *Father's Birthplace,* Philadelphia Pennsylvania —

Name of Medical Attendant, or other person who makes this Return, Albert A. Hanna,

Address, 2114 N. Charles St

Remarks, Full given name added by Stepfather upon applying for a transcript. Benjamin Hershenow Step-Father, J.E. Welsh - Birth Index Clerk May 8-1929.

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 9 1892
4. *Place of Birth, (Street and Number)*	422 Canton Ave.
5. *Full Name of Mother,*	Clara Jacobs Fallon
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	Henry Jacobs
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Cumberland Md
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1127 E Pratt St
Remarks,	18920002567

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10 - 1892
4. Place of Birth, (Street and Number) 707 S. Eden St.
5. Full Name of Mother, Ida Burns
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Burns
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. Stein

Address, 1422 E. Fratt St.

Remarks, 18920002568

Health. This schedule shall contain a list of the births which have occurred under your observation, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10th 1892

4. Place of Birth, (Street and Number) 1109 Valley St

5. Full Name of Mother, Lucan Foard

6. Mother's Maiden Name, McGrane

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Foard

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. H. Sidney M. D.

Address, 1504 E. Eager St

Remarks, 1 8 9 2 0 0 0 2 5 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11th 1892
4. *Place of Birth, (Street and Number)*	402 Saratoga st
5. *Full Name of Mother,*	Alice Hedderman
6. *Mother's Maiden Name,*	Alice Mc Pherson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James H Hedderman
9. *Father's Occupation,*	Jailer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John A Pennington M.D.
Address,	1716 Linden Ave
Remarks,	8920002570

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 12th 1894
4. Place of Birth, (Street and Number)	631 N. Carrollton ave
5. Full Name of Mother,	Anna May Dawkins
6. Mother's Maiden Name,	" " Hoffman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Eugene Dawkins
9. Father's Occupation,	Stationary & Printing
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Jas. E. Gilchrist M.D.
Address,	833 N. Hilton ave
Remarks,	18920002571

Health. The schedule shall contain a list of the Christian and surnames of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GALAWY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or person who shall have charge of the case, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH A 40538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 13 1892

4. Place of Birth, (Street and Number) 513 S. Washington St.

5. Full Name of Mother, Katie Roder

6. Mother's Maiden Name, Schupfeld

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Roder

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Fruit St.

Remarks, 1 8 9 2 0 0 0 2 5 7 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40639.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13, 1892.
4. Place of Birth, (Street and Number) 112 E. Preston St.
5. Full Name of Mother, Augusta J. McLane
6. Mother's Maiden Name, Augusta James
7. Mother's Birthplace,
8. Full Name of Father, Allan McLane, Jr.
9. Father's Occupation, Attorney
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly, M.D.

Address, 905 North Charles Street

Remarks,

1892000573

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULAMY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40340.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14 — 1892
4. Place of Birth, (Street and Number) 225 S. Register St.
5. Full Name of Mother, Louise Schmidt
6. Mother's Maiden Name, Gerhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Schmidt
9. Father's Occupation, Shoe-Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks, 18920002574

The undersigned further certifies that the full name of each child, (if any shall have been ascertained the same can be ascertained as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 40341.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 14 — 1892

4. Place of Birth, (Street and Number) 524 S. Washington St.

5. Full Name of Mother, Elisa Selosky
Kemp

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm Selosky

9. Father's Occupation, Cabinet-Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E Pratt St.

Remarks, 18920002575

JUL 18 92

mouth, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 15, '92
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Mollie Taylor.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Kramer. M.D.
115 W. Lombard St.

Address,

Remarks,

1 8 9 2 0 0 0 2 5 7 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16th 1892
4. *Place of Birth, (Street and Number)*	1427 E. Eager St
5. *Full Name of Mother,*	Mary C Schwartz
6. *Mother's Maiden Name,*	Dannenhauer
7. *Mother's Birthplace,*	Hampshire Town
8. *Full Name of Father,*	Wm H Schwartz
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	S H Seldner M. D.
Address,	1511 E. Eager St
Remarks,	8920002577

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, June 16th '92
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Mary Wright.
6. Mother's Maiden Name,
7. Mother's Birthplace, Va.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frames. M.D.

Address, 115 W. Lombard St.

Remarks,

1 8 9 2 0 0 0 2 5 7 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 40345.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1892
4. Place of Birth, (Street and Number) 1630 Hartford ave.
5. Full Name of Mother, Carrie France
6. Mother's Maiden Name, " Kyser
7. Mother's Birthplace, City
8. Full Name of Father, James France
9. Father's Occupation, Cutter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

1892000 2579

Health. This schedule shall contain a list of the births [illegible] have occurred under [illegible] of the [illegible] during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 40346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1892
4. Place of Birth, (Street and Number) 838 Edmondson ave
5. Full Name of Mother, Louisa Agnes Boschen
6. Mother's Maiden Name, " " Schroeder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Boschen
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Oscar E. Lofstrom M.D.

Address, 833 Edmondson ave

Remarks,

1 8 9 2 0 0 0 2 5 8 0

Health. This schedule shall contain a list of the names of all children born alive within the limits of Baltimore City, and shall be returned to the office of the Registrar of Vital Statistics, Board of Health, on or before the fifth day of each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40547.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 18th '92
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Sarah Jenkins.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. Wayland Franco - M.D.

Address, 115 W. Lombard St.

Remarks,

1 8 9 2 0 0 0 2 5 8 1

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-2-56

RETURN OF A BIRTH. 40348.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Ann George 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18 — 1892
4. Place of Birth, (Street and Number) 1408 Gough St.
5. Full Name of Mother, Kate George
6. Mother's Maiden Name, Schick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman George
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Gary Stein

Address, 1427 E. Pratt St.

Remarks,

1892000258 2

JUL 1932

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	June 19th 92
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Lucy Whalow.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames - M. D.
Address,	115 W. Lombard St.
Remarks,	

1892000258 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* June 19th '92
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Mary Smith.
6. *Mother's Maiden Name,* ~~~
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* ~~~
9. *Father's Occupation,* ~~~
10. *Father's Birthplace,* ~~~

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame - M.D.

Address, 115 W. Lombard St.

Remarks,

8920002584

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 6 1892

RETURN OF A BIRTH. 40337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19 — 1892
4. Place of Birth, (Street and Number) 215 March Market Space
5. Full Name of Mother, Mary Paul Wensel
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Peter Paul
8. Full Name of Father, Laborer
9. Father's Occupation, Germany
10. Father's Birthplace, Mary Stein

Name of Medical Attendant, or other person who makes this Return,

Address, 1427 E Pratt St.

Remarks, 8920002585

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	20th. June
4. Place of Birth, (Street and Number)	611. W. Saratoga St.
5. Full Name of Mother,	Maria Wild.
6. Mother's Maiden Name,	Maria Kahn
7. Mother's Birthplace,	Breslau. Germany.
8. Full Name of Father,	John Wild.
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	Waisenitz. Austria.
Name of Medical Attendant, or other person who makes this Return,	Anna Lindner
Address,	#106 S. Howard St.
Remarks,	8 9 2 0 0 0 2 5 8 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before [illegible] other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 20-92-
4. Place of Birth, (Street and Number) Old York Road near Carroll av
5. Full Name of Mother, Alice G. Morrison
6. Mother's Maiden Name, " - French
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elisha H. Morrison
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. G. Hearn

Address, 713 York Road.

Remarks,

1 8 9 2 0 0 0 2 5 8 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

RETURN OF A BIRTH. 40634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	B.
3. *Date of Birth,*	June 22 1st
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Mary Richardson.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	New Jersey.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames - M.D.
Address,	115 W. Lombard St.
Remarks,	

+ 8 9 2 0 0 0 2 5 8 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 22nd 1892
4. Place of Birth, (Street and Number)	704 Harford Ave
5. Full Name of Mother,	Ellen F Winter
6. Mother's Maiden Name,	Mitchell
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John F Winter
9. Father's Occupation,	Electrician
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return,	S U Seltzer M D
Address,	150 E Eager St
Remarks,	8920002589

Health. The information called for in this return can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23 — 1892
4. Place of Birth, (Street and Number) 304 S. President St.
5. Full Name of Mother, Virgensa Schiado
6. Mother's Maiden Name, Sario
7. Mother's Birthplace, Italia
8. Full Name of Father, Antonia Schiado
9. Father's Occupation, Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E Pratt St.

Remarks, 8920002590

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 24. 92
4. Place of Birth, (Street and Number) 2227 Guilford Av
5. Full Name of Mother, Justina O'Hare
6. Mother's Maiden Name, " Hanigan
7. Mother's Birthplace, Cincinnati O.
8. Full Name of Father, Peter F. O'Hare
9. Father's Occupation, Manager
10. Father's Birthplace, Cincinnati O.

Name of Medical Attendant, or other person who makes this Return. A. G. Horn

Address, 713 Park Ave

Remarks,

1 8 9 2 0 0 0 2 5 9 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

owe

40638.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 24th 1892

4. *Place of Birth, (Street and Number)* 1521 E Baltimore St

5. *Full Name of Mother,* Lena M Ziegler

6. *Mother's Maiden Name,* Bronk

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* George A. Ziegler

9. *Father's Occupation,* Musician

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S M Seldner M D

Address 1500 E. Eager St

Remarks, GIVEN NAME ADDED 10-27-1941 George Ziegler

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person of such attendance upon birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	June 25th '92
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Sarah Wanlew.
6. *Mother's Maiden Name,*	Na.
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Franco - M. D.
Address,	115 W. Lombard St.
Remarks,	1892000259 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, June 25 — 1892

4. Place of Birth, (Street and Number) 25 S. Castle St.

5. Full Name of Mother, Emma Yager

6. Mother's Maiden Name, Betty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Yager

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Fort St.

Remarks, 18920002594

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26th 1892.
4. Place of Birth, (Street and Number) #1903 Frederick Ave.
5. Full Name of Mother, Emma D. Sheppard
6. Mother's Maiden Name, " " Mills
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William T. Sheppard
9. Father's Occupation, Collector.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, #106 N. Mount St.

Remarks, 8920002595

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

H0561 ½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27 1892
4. Place of Birth, (Street and Number) Callender alley 107
5. Full Name of Mother, Mary Dollen
6. Mother's Maiden Name, Mary Murphy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mikel Dollen
9. Father's Occupation, Mason
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Poppleton St

Remarks, 18920002596

Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 27 1892
4.	*Place of Birth, (Street and Number)*	116 Cor of Broadway & Aisquith
5.	*Full Name of Mother,*	Auguste Mina Thüne
6.	*Mother's Maiden Name,*	Auguste Mina Henke
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Henry Thüne
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Thüne
	Address,	116 Aisquith St
	Remarks,	8920002597

register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 — 1892
4. Place of Birth, (Street and Number) 501 President St.
5. Full Name of Mother, Giovana Melfe
6. Mother's Maiden Name, Forie
7. Mother's Birthplace, Italia
8. Full Name of Father, John Melfe
9. Father's Occupation, Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address,

Remarks, 1 8 9 2 0 0 0 2 5 9 8

Health. This Schedule is to be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered duly signed by the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 28 — 1892

4. Place of Birth, (Street and Number) 435 Eastern Av.

5. Full Name of Mother, Maggie Krautblatter

6. Mother's Maiden Name, Helwanger

7. Mother's Birthplace, Germany

8. Full Name of Father, George Krautblatter

9. Father's Occupation, Mattress Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait St.

Remarks, 18920002599

3 Jul 2

Health. [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28th '92
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Alice Booth
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames - M.D.
Address,	115 W. Lombard St.
Remarks,	

1892 0002600

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th Juni 1892.
4. *Place of Birth, (Street and Number)*	Andre Str 1743.
5. *Full Name of Mother,*	Leni Ditrich
6. *Mother's Maiden Name,*	Leni Wiesand
7. *Mother's Birthplace,*	Germany Bayern
8. *Full Name of Father,*	John Ditrich
9. *Father's Occupation,*	Tlaredor.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaffer
Address,	Fort ave 1200 Locust
Remarks,	Point

1892000,2601

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) Lemmail st 2865
5. Full Name of Mother, Magadia West
6. Mother's Maiden Name, Mc Clark
7. Mother's Birthplace, Dover Delaware
8. Full Name of Father, John Thomas West
9. Father's Occupation, Carpenter
10. Father's Birthplace, Queens Ann County

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Lanvail st

Remarks, Reformed Lift Hand

1 8 9 2 0 0 0 2 6 0 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...which have occurred under his or her care during the ...this schedule shall contain a list of the births ...ascertain and the full name of each child, (if any shall have ...parents, the date and place of birth; and the ...and occupation of the parents. The form of a certificate between the first and ...been conferred,) its sex, color, the full name ...delivered, duly signed by the practitioner in charge, or midwifery, or should no other person be in ...said schedule shall be delivered by the practitioner ...of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in ...attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 of June 1892
4. Place of Birth, (Street and Number) # 1618 W Baltimore St
5. Full Name of Mother, Annie C Mason
6. Mother's Maiden Name, Annie C Redden
7. Mother's Birthplace, Girdletree Md
8. Full Name of Father, Albany C Mason
9. Father's Occupation, Carpenter
10. Father's Birthplace, Pocomoke City Md

Name of Medical Attendant, or other person who makes this Return, Wm Lindemer

Address, # 106 S Monroe St

Remarks, 8920002603

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 29th June 1892
4. Place of Birth, (Street and Number) 430. S. Patterson Park ave. Baltimore.
5. Full Name of Mother, Missouria A. Wallace.
6. Mother's Maiden Name, Trader.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Horatio, Wallace
9. Father's Occupation, Cooper.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Miss H. E. Knowles

Address, 461 Patterson Place

Remarks, 8 9 2 0 0 0 2 6 0 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* June th. 29 1892
4. *Place of Birth, (Street and Number)* 110 welcome alley
5. *Full Name of Mother,* Milley gibson Milley Minor Ky
6. *Mother's Maiden Name,* Cambridge
7. *Mother's Birthplace,* Henry gibson
8. *Full Name of Father,* Labourer
9. *Father's Occupation,* Cambridge
10. *Father's Birthplace,* reprat Jan. Wilson

Name of Medical Attendant, or other person who makes this Return, No 115 west Henry st

Address, full 9 months

Remarks, 1892 0002605

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30 — 1892
4. Place of Birth, (Street and Number) 222 S. Spring St.
5. Full Name of Mother, Barbara Lane
6. Mother's Maiden Name, Keyser
7. Mother's Birthplace, Switzerland
8. Full Name of Father, John J. Lane
9. Father's Occupation, Laborer
10. Father's Birthplace, San-Francisco Cal.

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920002606

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-11-52

RETURN OF A BIRTH. 40677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Irene ~~Daugherty~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30
4. Place of Birth, (Street and Number) Lanvale St 2895
5. Full Name of Mother, Annie Daugherty
6. Mother's Maiden Name, A Stansbury
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, E Alexander Franklin Daugherty
9. Father's Occupation, Police Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary C Perry

Address, 2847 Lanvale St

Remarks,

8920002607

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

register of such Birth, and shall enter the same in a book kept for that purpose. Every such Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of the person or parents of such attendance upon the mother immediately thereafter it shall become the duty of the midwife, nurse, or other person who shall become aware of the occurrence of such birth within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A40575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 11th child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 3rd 1892
4. *Place of Birth,* (*Street and Number*) 439 N. Central Avenue
5. *Full Name of Mother,* Mary Louisa Warnicke
6. *Mother's Maiden Name,* Warnicke
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Francis A. Dauer
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Dauer M.D.

Address, 439 N. Central Ave.

Remarks, 1 8 9 2 0 0 0 2 6 0 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6/5 96
4. Place of Birth, (Street and Number) 40 E. 20th St
5. Full Name of Mother, Maggie Ullenberg
6. Mother's Maiden Name, Maggie McGinn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Henry W Ullenberg
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, O B Pennington

Address, 708 E Lexington St

Remarks, 8920002609

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The Commissioner of Health shall furnish to each Midwife, or Physician, a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as a midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6/8-92
4. Place of Birth, (Street and Number) 1314 Valley St.
5. Full Name of Mother, Mary L. Reardon
6. Mother's Maiden Name, " " Donohue
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas Reardon
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Rennyhill

Address, 700 E C Lace St.

Remarks, 1892000261 0

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH. 40576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Townsend Duer 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male (Female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1892
4. Place of Birth, (Street and Number) 1020 W. Calvert St
5. Full Name of Mother, Genevieve Leland Duer
6. Mother's Maiden Name, " Bloodget
7. Mother's Birthplace, Boston
8. Full Name of Father, Douglas Henry Duer
9. Father's Occupation. Hard-ware Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks, 1892000261 1

Baltimore, Md., ... 189..

The Physician, Midwife or other person who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and

RETURN OF A BIRTH. A 40577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the full name and occupation of its parents, the date and place of marriage of the parents, the first and last names of the mother before marriage, and the number of children born to her, including the last birth, and whether the same was born alive or dead. This schedule shall also contain the full name of each child which has been born during the month, and which has died before the date of the schedule, and the date of the death of each such child, and shall have been conferred by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 12th 192
4. *Place of Birth, (Street and Number)*	7 N. High st
5. *Full Name of Mother,*	Annie Frank
6. *Mother's Maiden Name,*	Lazansky
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Morris Frank
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Ford W Weber M D
Address,	1721 Canton av
Remarks,	1892000261 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A40578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15, 1892
4. Place of Birth, (Street and Number) 234 Carlton St
5. Full Name of Mother, Annie Davis
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Peter H Davis
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 112 Saratoga St

Remarks, 8920002613

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

...furnished by the Commissioner of ... and shall enter the same on a blank schedule, ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd (Twins)
1. *Sex, (state whether male or female)*	Both Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th 1892
4. *Place of Birth, (Street and Number)*	707 E. Chase St.
5. *Full Name of Mother,*	Annie L. Conway
6. *Mother's Maiden Name,*	" " McCabe
7. *Mother's Birthplace,*	Pittsburg
8. *Full Name of Father,*	Wm. A. Conway
9. *Father's Occupation,*	Tea Merchant
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	W. B. Conway M.D.
Address,	707 E. Chase St.
Remarks,	1892000261 4

Baltimore under whose care or supervision the case may be, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. SULLANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, [illegible] of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) .....

1. *Sex,* (*State whether male or female*) Female.
2. *Race or color,* (*if not of the white race*) Colored.
3. *Date of Birth,* 20th of June.
4. *Place of Birth,* (*Street and Number*) 1422 Carroll St.
5. *Full Name of Mother,* Sarah Hadman.
6. *Mother's Maiden Name,* Sarah Davis.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Samuel Hadman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Talbert

Name of Medical Attendant, or other person who makes this Return. Gracie Harris

Address, 818 Stiles Holmes St.

Remarks, 1 8 9 2 0 0 0 2 6 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40581

CERTIFICATE CORRECTED 1-12-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: DOROTHY EMMA ~~POWELL~~ P

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 1892
4. Place of Birth, (Street and Number) 2001 N. Charles St
5. Full Name of Mother, Emma B. Powell
6. Mother's Maiden Name, " Hatch
7. Mother's Birthplace, Boston Mass
8. Full Name of Father, ~~WILLIAM~~ Henry M. Powell
9. Father's Occupation. Grocer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. L. E. Veale M.D.

Address, 319 W. Monument St

Remarks,

892000261 6

Health. This schedule shall contain a list of the births which have occurred in the family of each householder during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27 1902
4. *Place of Birth, (Street and Number)*	1614 Warren Court
5. *Full Name of Mother,*	Louisa Diemer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Stephan Rohley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Fred W Asbor M D
Address,	1721 Eastern Ave
Remarks,	Mother Unwed Seduced by the above named

8920002617

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25, 1892
4. Place of Birth, (Street and Number) Kenneth St.
5. Full Name of Mother, Agnes Ida Atkins
6. Mother's Maiden Name, Agnes Ida Sadler
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father Lewis W. Atkins
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J. D. Wallis M.D.

Address, 834 Lanvale Ave East.

Remarks, 1892 0002618

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 20th 1892.
4. *Place of Birth, (Street and Number)* Brevard Street both place
5. *Full Name of Mother,* Miss Carroll
6. *Mother's Maiden Name,* Miss Carroll
7. *Mother's Birthplace,* St. M. Co. Md.
8. *Full Name of Father,* Orland Brisco
9. *Father's Occupation,* Occupation labor work.
10. *Father's Birthplace,* St. M. Co. Md

Name of Medical Attendant, or other person who makes this Return. 509 Preston Street

Address, Mrs. Hettie Cordanes

Remarks, 8920002619

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	June 25th 1872
4. *Place of Birth, (Street and Number)*	1304 Potter st
5. *Full Name of Mother,*	Mary Thacker
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	?
9. *Father's Occupation,*	?
10. *Father's Birthplace,*	?
Name of Medical Attendant, or other person who makes this Return.	R. Winslow M.D
Address,	1900 Mt Royal Terrace
Remarks,	Illegitimate child, born before Married

8920002620

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26 1892
4. Place of Birth, (Street and Number) Baltimore, Calder ender Ally 115
5. Full Name of Mother, Sarrie Engroft
6. Mother's Maiden Name, Sarrie Butterworth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Engroft
9. Father's Occupation, Horseshoer
10. Father's Birthplace, Lancaster Pa

Name of Medical Attendant, or other person who makes this Return, Charine Mitchell

Address, No 216 Parkin St

Remarks, 8920002621

Note.—The Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 40587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 26th 1892
4.	*Place of Birth, (Street and Number)*	18 W Hillman St.
5.	*Full Name of Mother,*	Teresa Lawson
6.	*Mother's Maiden Name,*	Teresa McOak
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Jas E Lawson
9.	*Father's Occupation,*	Carriage Smith
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return.	W R Perry MD
	Address,	908 E. Chase St
	Remarks,	18920002622

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	420 Roberts St
4. *Place of Birth, (Street and Number)*	June 26th 1892
5. *Full Name of Mother,*	Cornelia Divine Woodall
6. *Mother's Maiden Name,*	" Lerp
7. *Mother's Birthplace,*	" Balto
8. *Full Name of Father,*	H. P. Woodall
9. *Father's Occupation,*	Shipbuilder
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return	L. E. Neale M.D.
Address,	819 W. Monument St
Remarks,	8920002623

Health. This schedule shall contain a list of the births which have occurred under the care of each midwife during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	
3. *Date of Birth*	June 29th 1892
4. *Place of Birth*, (Street and Number)	621 Mount St.
5. *Full Name of Mother*,	Agusta L. Pohlman
6. *Mother's Maiden Name*,	Schneider.
7. *Mother's Birthplace*,	Baltimore Md.
8. *Full Name of Father*,	Gustavus A. Pohlman
9. *Father's Occupation*,	Jeweler
10. *Father's Birthplace*,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Alice L. Parkhurst M.D.
Address,	1410 Park Ave.
Remarks,	1892000262 4

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1892

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 29 92
4. Place of Birth, (Street and Number)	1537 E. Madison St
5. Full Name of Mother,	Mary E. Blanchard
6. Mother's Maiden Name,	" " Daly
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Wm H. Blanchard
9. Father's Occupation,	Cigar Dealer
10. Father's Birthplace,	North Carolina.
Name of Medical Attendant, or other person who makes this Return,	W D Kenny MD
Address,	700 E Lanvale St.
Remarks,	8920002625

This Schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the same and occupation of its parents, the place of birth; and the full name and place of birth of each child born. In case no other person be in attendance, the certificate the birth person in charge of such child shall be delivered, or should no other means of such child to report or person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J. C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-27-55

RETURN OF A BIRTH. 40591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hazel Susanna Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20 th 1941
4. Place of Birth, (Street and Number) 1015 Clifton Place
5. Full Name of Mother, Mary B. Jones
6. Mother's Maiden Name, " " Banks.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. G. Jones.
9. Father's Occupation, Milk Merchant.
10. Father's Birthplace, Bado Co.

Name of Medical Attendant, or other person who makes this Return, W B Kenny MD

Address, 7006 Lane St.

Remarks, 1 8 9 2 0 0 0 2 6 2 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Section 3. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40592.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female - Anna Louise Schlag
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 - 92
4. Place of Birth, (Street and Number) 1130 E. Eager
5. Full Name of Mother, ~~Louisa Schlag~~ Louise Schlag
6. Mother's Maiden Name, Ruehl
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~A. Schlag~~ Adolph H. Schlag
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W B Penny MD

Address, 2006 Lanvale St.

Remarks, See document file Reg. No. - A 40592. 8 9 2 0 0 4 2 6 2 Reg. May 3 - 1939. J. E. Mahn

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40543.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1892
4. Place of Birth, (Street and Number) 320 Hanover st
5. Full Name of Mother, Annie E Gebhardt
6. Mother's Maiden Name, " Schnerl
7. Mother's Birthplace, Russia
8. Full Name of Father, John E Gebhardt
9. Father's Occupation, Cutter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fred W. Mohr M.D.

Address, 1721 Caulton av

Remarks, 1 8 9 2 0 0 0 2 6 2 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1, 92
4. *Place of Birth, (Street and Number)* Gilmor & Lemmon
5. *Full Name of Mother,* Jones
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* C Frank Jones
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, O C Kelly

Address, 2038 Madison ave

Remarks, 1892000.2629

Schedule. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1892.
4. *Place of Birth, (Street and Number)* 810 Hickory St.
5. *Full Name of Mother,* Katie Desch
6. *Mother's Maiden Name,* Katie Brundle.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Desch
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. W. A. Butt.

Address, #245 E. Hamburg St. B. & O. ca. Central Ave

Remarks, All Well.

1892000 3630

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8 1892
4. *Place of Birth, (Street and Number)*	1245 Eagan St.
5. *Full Name of Mother,*	Maggie Stroder
6. *Mother's Maiden Name,*	Maggie Marke
7. *Mother's Birthplace,*	Germany Balto.
8. *Full Name of Father,*	Henry Stroder
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	Germany Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	1245 E. Monument St. cor Central Ave.
Remarks,	All Well.

1892000 2631

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40647.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9 1892
4. *Place of Birth, (Street and Number)*	1627 Hillman St.
5. *Full Name of Mother,*	Emma Stanley
6. *Mother's Maiden Name,*	Emma Staub
7. *Mother's Birthplace,*	Atlantic City
8. *Full Name of Father,*	Atlantic County
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Atlantic City.
Name of Medical Attendant, or other person who makes this Return.	W. A. Butt.
Address,	1245 E. Monument St. S. W. cor. Central Ave.
Remarks,	All Well

1892000632

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 40598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 14 1892
4. *Place of Birth, (Street and Number)* 142 Vine Street
5. *Full Name of Mother,* Nannie Robinson
6. *Mother's Maiden Name,* Nannie Bennett
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Charlie Robinson
9. *Father's Occupation,* Grain bed waggon
10. *Father's Birthplace,* Queen Ann Co Md

Name of Medical Attendant, or other person who makes this Return. Ann Garnish

Address, No 870 Loyd st

Remarks, 8920002633

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th 1892.
4. *Place of Birth, (Street and Number)*	1216 Edward St.
5. *Full Name of Mother,*	Mary L Taylor
6. *Mother's Maiden Name,*	Mary L Jan
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel Taylor
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	W. A. Butt.
Address,	1245 E. Monument St. S.W. cor. Central Ave
Remarks,	All Well.

8920002634

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 17 92

4. *Place of Birth, (Street and Number)* 2401 York Road

5. *Full Name of Mother,* Grace Bale Davis

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Wm J. Ball

9. *Father's Occupation,* Horse Show.

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Brent

Address, ~~240~~ 2313 Greenmount Av.

Remarks, 8920002635

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) Colored.
3. *Date of Birth,* June 18, 1892
4. *Place of Birth,* (Street and Number) 756 Pine street.
5. *Full Name of Mother,* Charlotte Laurence.
6. *Mother's Maiden Name,* Charlotte Gilbous.
7. *Mother's Birthplace,* Gloucester co Va
8. *Full Name of Father,* William Laurence.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Worcester co Md.

Name of Medical Attendant, or other person who makes this Return. Wm Cornish

Address, 110 S 11 Boyd st.

Remarks, 8920002636

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19th 1892
4. *Place of Birth, (Street and Number)* #216 Stanson St
5. *Full Name of Mother,* Rosa Goldman
6. *Mother's Maiden Name,* Goldzwicke
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaac Goldman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosa Hillgeist

Address, #1038 E. Monument St.

Remarks, 18920002637

Note.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9/92
4. Place of Birth, (Street and Number) Madison ave
5. Full Name of Mother, Connie Slee
6. Mother's Maiden Name, Connie Price
7. Mother's Birthplace, Balto.
8. Full Name of Father, N. Tip Slee
9. Father's Occupation, Machinist
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, A. Cole

Address, 2038 Madison ave

Remarks, + 8 9 2 0 0 0 2 6 3 8

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20/92
4. Place of Birth, (Street and Number) 2030 McCulloh St.
5. Full Name of Mother, Carrie Likes
6. Mother's Maiden Name, Carrie Hamburger
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert Likes
9. Father's Occupation, Clothier
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Ble

Address, 2038 Madison av

Remarks, 1892 0002639

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 40603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20/92
4. Place of Birth, (Street and Number) 2118 Druid Hill Av
5. Full Name of Mother, Carrie Sears
6. Mother's Maiden Name, Carrie Hough
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas H. Sears.
9. Father's Occupation, Draughtsman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A Cole

Address, 2038 Madison Av

Remarks, 8920002640

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th child.

1. *Sex*, (*state whether male or female*) Male. Abraham Rosner.
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, June 22nd 1892.
4. *Place of Birth*, (*Street and Number*) Balto. #570 Pensylva ave.
5. *Full Name of Mother*, Rosa Rosner.
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Oegireich.
8. *Full Name of Father*, Benjamin Rosner
9. *Father's Occupation*, Shoemaker.
10. *Father's Birthplace*, Oegireich.

Name of Medical Attendant, or other person who makes this Return, Lena Barber.

Address, #5 Guilford al.

Remarks,

1892000264 1

Wm J. C. Dulany Co., City Printers and Stationers.

(over)

RETURN OF A BIRTH. A 40607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26, 1892.
4. *Place of Birth, (Street and Number)*	615 Caroline St.
5. *Full Name of Mother,* Maggie Digga	Maggie (Ditz)
6. *Mother's Maiden Name,* Maggie Hooper	Maggie (Hubert)
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,* Beverly Digga	(B. Ditz)
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	M. A. Butts.
Address, 1245 E. Monument St. S.W. cor. Central Ave.	
Remarks, All Well.	

1892000 2642

Months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, June 26

4. Place of Birth, (Street and Number) filed Virtue 652 Hoffman St

5. Full Name of Mother, Louisa Johnson

6. Mother's Maiden Name, Louisa Green

7. Mother's Birthplace, Prince George conty, M. D.

8. Full Name of Father, Charles Thomas Johnson

9. Father's Occupation, Laber

10. Father's Birthplace, Carroll conty. M. D.

Name of Medical Attendant, or other person who makes this Return, Gedeon Cooks

Address, 108 Needsalt

Remarks, 1892000263

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person who shall first attend upon the mother, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child Balto

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26 of June
4. Place of Birth, (Street and Number) 506 East St
5. Full Name of Mother, Emmely Cook
6. Mother's Maiden Name, Emmely Smith
7. Mother's Birthplace, Howard Co
8. Full Name of Father, Remus Cook
9. Father's Occupation, Coachman
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Selster Cook

Address, 108 Shirley Alley

Remarks, 1892000264 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1892
4. Place of Birth, (Street and Number) 1934 Eason St
5. Full Name of Mother, Anna Catherine Boyle
6. Mother's Maiden Name, Balto Md.
7. Mother's Birthplace, John Boyle
8. Full Name of Father, Clerk
9. Father's Occupation, Balto Md.
10. Father's Birthplace, Mt Hope Nursing Home Mt Vernon Pl

Name of Medical Attendant, or other person who makes this Return,

Address, 1031 E Monument St

Remarks, 8920002645

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, and, duly signed by the practitioner, to the
said schedule shall be delivered monthly to the officer or practitioner becoming
third day of without the attendance of a physician or practitioner
shall occur upon the mother. Commissioner of Health, in the
attendance upon it's birth to the
child to report it's birth hereafter fail to comply
any such person or persons who shall
jected to the fine of ten (10) dollars for each offense, to be recovered as

RETURN OF A BIRTH. A 40611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* Male — Morris Block.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 29/1892.
4. *Place of Birth, (Street and Number)* Balto. 1508 S. Hanover St.
5. *Full Name of Mother,* Anna Block.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Louis Block.
9. *Father's Occupation,* Peddler.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Lena Barbor.

Address, #5 Guilford ct.

Remarks, 1 8 9 2 0 0 0 2 6 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40612.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 1st

4. Place of Birth, (Street and Number) 2522 E Oliver st

5. Full Name of Mother, Margret Diffendall

6. Mother's Maiden Name, " Burk

7. Mother's Birthplace, Balto

8. Full Name of Father, William H Diffendall

9. Father's Occupation, Brickmaker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groomy

Address, 940 N Gay St

Remarks, 8920002647

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 2nd
4. *Place of Birth, (Street and Number)*	922 E Washington st
5. *Full Name of Mother,*	Mary Busick
6. *Mother's Maiden Name,*	" Eliot
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Busick
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	1 8 9 2 0 0 0 2 6 4 8

Every child born within the City of Baltimore shall have its birth registered, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	2d June 1892
4. Place of Birth (Street and Number),	709. E. Fath St
5. Full Name of Mother,	Estella Ellen
6. Mother's Maiden Name,	Jones
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Joseph. Ellen
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Johanna. Rayback
Address,	115 S. Wolfe St
Remarks,	8920002649

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14
4. Place of Birth, (Street and Number) 917 E Ashland Ave
5. Full Name of Mother, Ella Grogan
6. Mother's Maiden Name, " Tuch
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Grogan
9. Father's Occupation, Watchman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 910 N Gay St

Remarks, 1 8 9 2 0 0 0 2 6 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 40616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	8th June 1892
4. Place of Birth (Street and Number),	220 N. Washington st
5. Full Name of Mother,	Mary Herold
6. Mother's Maiden Name,	Kagel
7. Mother's Birthplace,	Bayern
8. Full Name of Father,	Charles Herold
9. Father's Occupation,	Shoe maker
10. Father's Birthplace,	Bayern
Name of Medical Attendant, or other person who makes this Return.	Johanna Reubsch
Address,	115 S. Wolfe St
Remarks,	1 8 9 2 0 0 0 2 6 5 1

The Baltimore Publishing Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 40617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Annie Margaret Sherman Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 6th 1892
4. Place of Birth, (Street and Number) 2135 E Oliver st
5. Full Name of Mother, Sarah Sherman
6. Mother's Maiden Name, " Snore
7. Mother's Birthplace, Phila
8. Full Name of Father, George W Sherman
9. Father's Occupation, Plumber & Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom

Address, 940 N Gay st

Remarks, 8920002652

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10th
4. *Place of Birth, (Street and Number)* 1236 E Madison st
5. *Full Name of Mother,* Mary Jolly
6. *Mother's Maiden Name,* Harryman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Jolly
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 940 N Gay st

Remarks, 1 8 9 2 0 0 0 2 6 5 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	13th June
4. *Place of Birth, (Street and Number)*	S. E cor Harford and Preston sts
5. *Full Name of Mother,*	Caroline Altenberg
6. *Mother's Maiden Name,*	" Guenher
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Altenberg
9. *Father's Occupation,*	Produce Dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	18920002654

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	B. M. June 1892
4. Place of Birth (Street and Number),	820. E. Fayette St
5. Full Name of Mother,	Mary Winterling
6. Mother's Maiden Name,	Deffler
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Christ. Winterling
9. Father's Occupation,	Sadler
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Johanna Rambach
Address,	115 S. Wolfe St
Remarks,	8920002655

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 4067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	15th June 1892
4. *Place of Birth (Street and Number),*	318. S. Castle St
5. *Full Name of Mother,*	Mary Collins
6. *Mother's Maiden Name,*	Fonsler
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Collins
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Johanna Pantzak
Address,	116. S. Wolfe St
Remarks,	8920002656.

The Baltimore Publishing Co., City Printers and Stationers.

A 46627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th June

4. Place of Birth, (Street and Number) 1122 E Mulliganst

5. Full Name of Mother, Elizebeth Gent

6. Mother's Maiden Name, " Kelley

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Gent

9. Father's Occupation, Produce Dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groomy

Address, 940 N Gay st

Remarks, 18920002657

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

406 73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 708. S Wolfe St
4. *Place of Birth (Street and Number),* 17th June 1872
5. *Full Name of Mother,* Rose Josephin
6. *Mother's Maiden Name,* Rossum
7. *Mother's Birthplace,* Norway
8. *Full Name of Father,* Domeyeth Josephin
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Johanna Raubach

Address, 115 S. Wolfe St

Remarks, 1892000265 8

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

406 E.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 18th 1892
4. *Place of Birth, (Street and Number)*	1035 S. Howard st
5. *Full Name of Mother,*	Josephine Hilleby
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles Rodgers
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Susan Gramby
Address,	1035 S Howard st
Remarks,	18920002659 "

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 20th

4. Place of Birth, (Street and Number) 1022 N Dallas st

5. Full Name of Mother, Christina Bottenbaum

6. Mother's Maiden Name, " Upkoff

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Bottenbaum

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene

Address, 940 N Bay st

Remarks, 1 8 9 2 0 0 0 2 6 6 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

4067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 22 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June Wednesday 22d 1892
4. Place of Birth, (Street and Number)	Baltimore Street, St.
5. Full Name of Mother,	Mary D. Goss
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	
8. Full Name of Father,	Jos. Jones
9. Father's Occupation,	Carpenter & Builder
10. Father's Birthplace,	St Johns Antigua W.I.
Name of Medical Attendant, or other person who makes this Return.	Margaret A Grant
Address,	770 Re Street
Remarks,	1892002661

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. S. GALAHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

40674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18th June 1872
4. *Place of Birth (Street and Number),* 282 E. Dalton. Canton
5. *Full Name of Mother,* Rose. Singly
6. *Mother's Maiden Name,* Shafe
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Singly
9. *Father's Occupation,* Lighthouse Inspector
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Thomas Rinehart

Address, 116. S. Wolfe

Remarks, 1 8 9 2 0 0 0 2 6 6 2

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 40628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 27th June 1892
4. *Place of Birth (Street and Number),* No 238 Baltimore St
5. *Full Name of Mother,* Mary Witwig
6. *Mother's Maiden Name,* Esa
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* John Witwig
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Johanna Rauback

Address, 115. S. Wolfe St

Remarks, 1 8 9 2 0 0 0 2 6 6 3

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30 1892
4. Place of Birth, (Street and Number) #523 N. Mount,
5. Full Name of Mother, Sophia F Beals
6. Mother's Maiden Name, Payne
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Herman Beals
9. Father's Occupation, Salesman (Keeley & Crane)
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, A. F. Gunther

Address, 522 W Lombard St

Remarks, 8 4 2 0 0 0 2 6 4

WM J. C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 10-21-55 A 40630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Kaufman

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins 1 & 2

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 June 1892
4. Place of Birth, (Street and Number) 123 S. Exeter St
5. Full Name of Mother, Eliza Kaufman
6. Mother's Maiden Name, Abraham
7. Mother's Birthplace, Poland
8. Full Name of Father, Philipp Kaufman
9. Father's Occupation, Store
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellig

Address, 1302 E Lexington St

Remarks, 1 8 9 2 0 0 0 2 6 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 June
4. Place of Birth, (Street and Number) 340 Forrest St
5. Full Name of Mother, Mary Livingston
6. Mother's Maiden Name, " Bollman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Harry Livingston
9. Father's Occupation, Huckster
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks, 8920002666

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 June
4. Place of Birth, (Street and Number) 7 E High St
5. Full Name of Mother, Sarah Hicklen
6. Mother's Maiden Name, Kellner
7. Mother's Birthplace, Poland
8. Full Name of Father, Louis Hicknen
9. Father's Occupation, Clerk
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R. Uffig

Address, 1302 E Lexington St

Remarks,

1 8 9 2 0 0 0 2 6 6 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health, shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40 633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 June
4. *Place of Birth, (Street and Number)* 6 S. Central ave
5. *Full Name of Mother,* Minnie Wates
6. *Mother's Maiden Name,* Crow
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Wates
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrig

Address, 1302 E Lexington st

Remarks, 1 8 9 2 0 0 0 2 6 6 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

40632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. *Sex, (state whether male or female)* Female. adele Blumenthal.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* June 28th 1892.
4. *Place of Birth, (Street and Number)* Balto. #1712 S. Charles St.
5. *Full Name of Mother,* Bettie Blumenthal
6. *Mother's Maiden Name*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Leiser Blumenthal
9. *Father's Occupation,* Umbrella maker.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Gena Bonbon.

Address, 1101 Guilford ave.

Remarks, 6920002669

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 406235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 29 June
4. *Place of Birth, (Street and Number)* 1109 E Fayette St
5. *Full Name of Mother,* Mary Hanrahan
6. *Mother's Maiden Name,* Pollard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Hanrahan
9. *Father's Occupation,* oyster dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulle Jr

Address, 1802 E Lexington St

Remarks,

1892000 2670

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 40636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 June
4. Place of Birth, (Street and Number) 90 E Lanvale St
5. Full Name of Mother, Carrie Schefelen
6. Mother's Maiden Name, Harbick
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Schefelen
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Albig

Address, 302 E Lexington St

Remarks, 1892000267 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June ~~Dec~~ 11th 1892
4. *Place of Birth, (Street and Number)*	422 Hanford Av
5. *Full Name of Mother,*	Mahlda Cuddy
6. *Mother's Maiden Name,*	Bisbee
7. *Mother's Birthplace,*	B St Marys Co
8. *Full Name of Father,*	Isaac Cuddy Jr
9. *Father's Occupation,*	fireman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Dr. B. Billingslea
Address,	1216 E. Biddle St
Remarks,	8 9 2 0 0 0 2 6 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

A. 46638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 13th 1892
4. *Place of Birth, (Street and Number)*	529 Hillsdale
5. *Full Name of Mother,*	Alice Powell
6. *Mother's Maiden Name,*	Giblein
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	George Powell
9. *Father's Occupation,*	can maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	M. A. Billingslea
Address,	1206 E. Preston St
Remarks,	8920002673

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 40609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June ~~2nd~~ 18th 1892
4.	*Place of Birth, (Street and Number)*	1004 McDonough
5.	*Full Name of Mother,*	Clara Oswald
6.	*Mother's Maiden Name,*	Burg
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	Richard Oswald
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	M. B. Billingslea
	Address,	1206 E. Pratt St
	Remarks,	6 9 2 0 0 0 2 6 7 4

nonth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46640

JUN 19 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th 1892
4. *Place of Birth, (Street and Number)*	1840 N Chester
5. *Full Name of Mother,*	Annie Thomas
6. *Mother's Maiden Name,*	Selig
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Finley Thomas
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Dr. B. Billingslea
Address,	1206 E. Preston St
Remarks,	18920002675

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1892
4. Place of Birth, (Street and Number) 918 Aisquith
5. Full Name of Mother, Wilhelmina Fraunholz
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balto
8. Full Name of Father, W. Fraunholz
9. Father's Occupation, Carver
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks, 1 8 9 2 0 0 0 2 6 7 6

Wm J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 21st 92
4. *Place of Birth,* (*Street and Number*) 711 St. Paul St
5. *Full Name of Mother,* Annie Faelten
6. *Mother's Maiden Name,* " " Hirsing
7. *Mother's Birthplace,* Cape of Good Hope
8. *Full Name of Father,* Reinhold Faelten
9. *Father's Occupation,* Music Teacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gambrill M.D.

Address, 1287 Park Ave St

Remarks, 18920002677

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH. A. 40643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ethel Cassandra Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 24th 1892
4. *Place of Birth, (Street and Number)* 5-28 Roberts
5. *Full Name of Mother,* Alice Johnson
6. *Mother's Maiden Name,* Shaw
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Asbury Johnson Jr
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Hanover Co Va

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 206 E. Preston

Remarks, 1892000026 78

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, June 27th 1892.
4. *Place of Birth*, (*Street and Number*) 632 Hanover St.
5. *Full Name of Mother*, Sarah Hacker
6. *Mother's Maiden Name*, Boon
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Hacker
9. *Father's Occupation*, Engineer
10. *Father's Birthplace*, Illinois

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 1288 W. Lee St.

Remarks, 8920002679

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A.40645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 19 1892

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	June 28th
4.	*Place of Birth, (Street and Number)*	1219 Eason St
5.	*Full Name of Mother,*	Cora Rosenberger
6.	*Mother's Maiden Name,*	Rose
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	Joseph Rosenberger
9.	*Father's Occupation,*	cutter
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	Chas B Billingslea
	Address,	1206 E. Fairmont St
	Remarks,	8920002680

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 28th 1892
4.	*Place of Birth, (Street and Number)*	1826 N Washington St.
5.	*Full Name of Mother,*	Elizabeth Cross Donnet
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Scotland
8.	*Full Name of Father,*	Allan Cross
9.	*Father's Occupation,*	blacksmith
10.	*Father's Birthplace,*	Balto Co Md
	Name of Medical Attendant, or other person who makes this Return,	Dr. B. Billingslea
	Address,	1206 E. Balt
	Remarks,	1892000026881

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11
4. Place of Birth, (Street and Number) Baltimore Dunkin Alley N 221
5. Full Name of Mother, Mrs Josepha Jaun
6. Mother's Maiden Name, Mrs Josepha Hirsh
7. Mother's Birthplace, N Europe
8. Full Name of Father, Mr. Martin Jaun
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Josaphina Krueger

Address, No 2026 E Fayette St Baltimore Md.

Remarks, 8 9 2 0 0 0 2 6 8 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1892
4. *Place of Birth, (Street and Number)* Baltimore No 2235 Lamby St
5. *Full Name of Mother,* Mrs Katie Jenkins
6. *Mother's Maiden Name,* Mrs Katie Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr Wm D. Jenkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other person who makes this Return, Mrs Josephine Arnega

Address, No 2026 E. Fayette St Baltimore Md.

Remarks, 1892000026883

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, 16 June 1892
4. Place of Birth, (Street and Number) ~~H~~ No 1153 E. Bethel St.
5. Full Name of Mother, Mrs Mary Haag
6. Mother's Maiden Name, Mrs Mary Eysing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Leonardt Haag
9. Father's Occupation, Work in Pottery
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josephine Krueger

Address, No 2026 E. Fayette St Baltimore Md.

Remarks, 1892000268 4

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

A. 40600.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th June 1892

4. Place of Birth, (Street and Number) 108 Harrison St.

5. Full Name of Mother, Teresa Lewis

6. Mother's Maiden Name, Kuckener

7. Mother's Birthplace, Russia

8. Full Name of Father, Abe Lewis

9. Father's Occupation, Shoe — Store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm E. Scherman

Address, 72 Albemarle St.

Remarks, 1892000268 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if should no other person of such attendance upon the mother, immediately after it shall become the duty of the person or parents of said child to report its birth to the Commissioner of Health. In the latter event within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. A 40657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th June 1892
4. Place of Birth, (Street and Number) 230 Albemarle St.
5. Full Name of Mother, Mollie Katz
6. Mother's Maiden Name, " Lubofsky.
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Katz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scheman

Address, 42 Albemarle St.

Remarks, 8 9 2 0 0 0 2 6 8 6

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1892
4. *Place of Birth, (Street and Number)* 811 N. Gay st.
5. *Full Name of Mother,* Lizzie Noyes
6. *Mother's Maiden Name,* " Lloyd
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles D. Noyes
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address,

Remarks, 1219 N. Caroline 8th 2 8 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother immediately thereafter, in the manner and child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 8-25-5

RETURN OF A BIRTH. 40653.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ruth Elizabeth ~~Kahmer~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 - 1892
4. Place of Birth, (Street and Number) Baltimore No. 8 Patapsco St.
5. Full Name of Mother, ~~(Mrs. Louisa Kahmer)~~ Louisa Kahmer
6. Mother's Maiden Name, ~~(Mrs. L.)~~ Heins, Louisa
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~(Mr. Phil Kahmer)~~ Philip Kahmer
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Josephine Krueger

Address, No 2026 E. Fayette St Baltimore Md

Remarks, 1892000026688

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of the City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 June 1892
4. *Place of Birth, (Street and Number)* 1738 Thames St.
5. *Full Name of Mother,* Rachel Hadelberg
6. *Mother's Maiden Name,* Yemanshky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Hadelberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherm

Address, 72 Albemarle St

Remarks, 8920002689

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st June 1892
4. *Place of Birth, (Street and Number)* 620 E. Baltimore St.
5. *Full Name of Mother,* Anne Chitofsky
6. *Mother's Maiden Name,* Rozin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Himan Chitofsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, D. Sherman

Address, 42 Albemarle St.

Remarks, 1892 0 0 0 2 6 9 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28
4. *Place of Birth, (Street and Number)* Baltimore No 125 Montford Avenue
5. *Full Name of Mother,* Mrs Lina Fink
6. *Mother's Maiden Name,* Mrs Lina Smith
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Mr. Bill Fink
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Josafina Krueger

Address, No 2026 E. Fayette St. Baltimore Md.

Remarks, 8920002691

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 40657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kinder

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiss
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) Bethlehem 708
5. Full Name of Mother, Mary Staroň
6. Mother's Maiden Name, Mrs Valevsky
7. Mother's Birthplace, Prag
8. Full Name of Father, Karel Staroň
9. Father's Occupation, Tischler
10. Father's Birthplace, Prag

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address, 892 Bond St.

Remarks, 6838

Wm J C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been born alive since last set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th June 1892

4. Place of Birth, (Street and Number) 1517 Gough St.

5. Full Name of Mother, Rachell Lazinsky.

6. Mother's Maiden Name, Mendelstine

7. Mother's Birthplace, Russia

8. Full Name of Father, Bernard Lazinsky.

9. Father's Occupation, Pedlar

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Scherman

Address, 42 Albemarle St.

Remarks, 8920002693

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, June 30. 1892

4. Place of Birth, (Street and Number) 1801 S. Charles St

5. Full Name of Mother, Emilia Schultze

6. Mother's Maiden Name, Rodert

7. Mother's Birthplace, N. York — U.S.A. —

8. Full Name of Father, Carl Heinrich Rudolph Schultze

9. Father's Occupation, Merchant.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Geo A Straus M.D.

Address, 9. E. Montgomery Street Balto. Md —

Remarks, 8920002694

John Murphy & Co., City Printers and Stationers.

All births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A Holden

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 30 June 1892

4. Place of Birth (Street and Number) 115 E. Montgomery St.

5. Full Name of Mother Caroline Jane Broening

6. Mother's Maiden Name Lyman

7. Mother's Birthplace Parish of St. Pancras (London) County of Middlesex [England

8. Full Name of Father Henry Jacob Broening

9. Father's Occupation Attorney-at-Law

10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Albert B. Lyman, M.D.

Address Lyman, Balto. Co. Md

Remarks

8920002695

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 40661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] for fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 12th 1892
4. *Place of Birth, (Street and Number)*	781 Mulberry St. Balto. City
5. *Full Name of Mother,*	Mrs Mary Norris
6. *Mother's Maiden Name,*	Mary Hill
7. *Mother's Birthplace,*	Frederick City
8. *Full Name of Father,*	Alexander Norris
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Louistown Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Hester Courlance
Address,	509 N. Preston St. Balto. City Md.
Remarks,	8920002696

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 18th 1892
4. *Place of Birth, (Street and Number)* 722 Sterling St
5. *Full Name of Mother,* Ida Rebecca Depas
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~Samuel~~ dont know
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Marie Depas her mark

Address, W. Lanvale & Robert

Remarks, 8 9 2 0 0 0 2 6 9 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40663.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, July June 19th 1892
4. Place of Birth, (Street and Number) 719 Stirling St
5. Full Name of Mother, Amelia Richardson
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jas. G. Richardson
9. Father's Occupation, Labrr
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Marie Seefrz

Address,

Remarks, 8920002698

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40664

To the Office of Registrar of Vital Statistics, Board of Health: Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st "92
4. Place of Birth, (Street and Number) #3302 E. Lt East
5. Full Name of Mother, Mrs Hannie Lewis
6. Mother's Maiden Name, Hannie Bowie
7. Mother's Birthplace, Westminster Md
8. Full Name of Father, Rev Chas Lewis
9. Father's Occupation, Reformed Minister
10. Father's Birthplace, Reading Pa

Name of Medical Attendant, or other person who makes this Return, George Louis Mattey

Address, 1628 N. Calvert St

Remarks, 8920002699 City

Rule enacted this sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2 1902
4. *Place of Birth, (Street and Number)* # 324 West 2nd St
5. *Full Name of Mother,* Annie Smith Mitchell
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* Hanford Co Ind
8. *Full Name of Father,* Edinger Mitchell
9. *Father's Occupation,* R R Conductor N.C R R Co
10. *Father's Birthplace,* Balto Co - Md

Name of Medical Attendant, or other person who makes this Return, George Lewis Hatter

Address, 1628 N. Calvert St

Remarks, 8920002 Balto Md

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 3/14/69

RETURN OF A BIRTH. A 40666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LILLIAN ~~CHALK~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1892
4. Place of Birth, (Street and Number) # 1714 Greenmount Ave
5. Full Name of Mother, Mrs Ida Chalk
6. Mother's Maiden Name, Ida Collins
7. Mother's Birthplace, Balto-City
8. Full Name of Father, Wm A. Chalk
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Balto-City

Name of Medical Attendant, or other person who makes this Return, George Lewis Staley

Address, 1628 N. Calvert St

Remarks, 8920002 Poly

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40667.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 '92
4. Place of Birth, (Street and Number) 2135 W Lexington St
5. Full Name of Mother, Mrs Cora Fowery
6. Mother's Maiden Name, " Trumbo
7. Mother's Birthplace, Winchester Va
8. Full Name of Father, Chas M Fowery
9. Father's Occupation, Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fayette St

Remarks, 1892000 2702

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Health. Of the birth of any child third day of each and every month to the office of the Commissioner of Health, or, should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colr
3. Date of Birth, June 14. 1892
4. Place of Birth, (Street and Number) 907 Linden ave
5. Full Name of Mother, Emma L Nawis
6. Mother's Maiden Name, " " Watson
7. Mother's Birthplace, Penna
8. Full Name of Father, Jno W. Nawis
9. Father's Occupation, Minister
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. G Lane Tanyhill

Address, 1103 Madison ave

Remarks,

1892000270 3

892. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40669.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child to whom such mother has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	wht
3. *Date of Birth,*	June 28-1892. 4 40 a m
4. *Place of Birth, (Street and Number)*	1302 Homewood ave
5. *Full Name of Mother,*	Annie L McClain
6. *Mother's Maiden Name,*	" " Elliott
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Jno. E. McClain
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	G Lane Tamylin
Address,	1103 Madison ave.
Remarks,	1892000 2704

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female — Edna Cochran Hiss
2. Race or Color, (if not of the white race) wht
3. Date of Birth, June 28. 1892
4. Place of Birth, (Street and Number) 1302 Mads. ave
5. Full Name of Mother, Lillian (Cochran) Hiss
6. Mother's Maiden Name, " Cochran
7. Mother's Birthplace, md
8. Full Name of Father, Jno. C Hiss
9. Father's Occupation, merchant
10. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill

Address, 1103 Mads. ave

Remarks, Full name added by mother upon applying for a transcript. Miss L. C. Hiss [illegible] J. E. Hebb Reg.

2600 2705

GEO. J. G. BULAMY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 12

4. Place of Birth, (Street and Number) 13 [illegible] 20

5. Full Name of Mother, Mary King

6. Mother's Maiden Name, Mary McNally

7. Mother's Birthplace, Ireland

8. Full Name of Father, Stephen King

9. Father's Occupation, tutor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. Robinson M.D.

Address, 726 E. Pratt St

Remarks,

Baltimore, Md.

Key of each and every month to the Commissioner of Health, [illegible] without the attendance of a physician, [illegible] upon the mother, immediately thereafter, [illegible] report its birth to the Commissioner of Health, [illegible] person or persons who shall hereafter [illegible] to the fine of ten (10) dollars for each offence [illegible] be delivered, duly [illegible] [illegible] [illegible]

RETURN OF A BIRTH. 4067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1 '92
4. *Place of Birth, (Street and Number)* 662 Orleans St
5. *Full Name of Mother,* Anna Muller Funk
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Robert Hilder
8. *Full Name of Father,* Salem Dieper
9. *Father's Occupation,* Germany
10. *Father's Birthplace,* Caroline Muller

Name of Medical Attendant, or other person who makes this Return,

Address, 1605 Walker St

Remarks,

8 9 2 0 0 0 2 7 0 7

...sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner, it shall become the duty of the person above required, and ...attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July [illegible] 92
4. *Place of Birth, (Street and Number)* 463 N. Bethel St
5. *Full Name of Mother,* Mary Ehle
6. *Mother's Maiden Name,* " Cramer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leary Ehle
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Gardiner Keller

Remarks, 1605 Walbrook St

1 8 9 2 0 0 0 2 7 0 8

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1 '92
4. *Place of Birth, (Street and Number)* 825 N. Dallas St
5. *Full Name of Mother,* Barbara Schreiber
6. *Mother's Maiden Name,* " Hohmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schreiber
9. *Father's Occupation,* Saddler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks, 8920002709

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored race
3. *Date of Birth,*	first Mo. 1st 1939
4. *Place of Birth, (Street and Number)*	1126 Russell St Baltimore
5. *Full Name of Mother,*	Mary Ellen Neal Mathews
6. *Mother's Maiden Name,*	Mary Ellen Neal
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Neal
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Catherine McGee
Address,	1126 Russell St
Remarks,	8920002710

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1st 1892
4. *Place of Birth, (Street and Number)*	907 Lemmon st
5. *Full Name of Mother,*	Kate Ward
6. *Mother's Maiden Name,*	" Hatley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas P Ward
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Hunter
Address,	23 N Poppleton St
Remarks,	8920002711

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st 1892
4. *Place of Birth, (Street and Number)* 1017 Ashland Ave
5. *Full Name of Mother,* Eliza Bayless
6. *Mother's Maiden Name,* " Goldsmith
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John T. Bayless
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Nellegent

Address, 1103 E Monument St

Remarks, 8920002712

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

(over)

RETURN OF A BIRTH A 40678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Hoffman Kuatz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Males, (Twins)
2. Race or color, (if not of the white race)	W.
3. Date of Birth,	2 July 1892.
4. Place of Birth, (Street and Number)	1514 Hollins st,
5. Full Name of Mother,	S. Rebecca Kuatz
6. Mother's Maiden Name,	Hoffman,
7. Mother's Birthplace,	Balto. City,
8. Full Name of Father,	Edw. F. Kuatz,
9. Father's Occupation,	Wholesale Grocer,
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	E. F. Engle
Address,	1007 W. Lanvale
Remarks,	8920002713

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. Child.

1. Sex, (state whether male or female) Male. Samuel Brenner.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1892.
4. Place of Birth, (Street and Number) Balto. #220 Stiles St.
5. Full Name of Mother, Lena Brenner.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jack Brenner.
9. Father's Occupation, Pedlar.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Lena Barbor.

Address, #5 Guilford Av.

Remarks, 8920002714

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2 nd
4. *Place of Birth, (Street and Number)*	Hull st 1139 Locust Point
5. *Full Name of Mother,*	Ella Ehrman
6. *Mother's Maiden Name,*	Ella Malia
7. *Mother's Birthplace,*	Locust Point
8. *Full Name of Father,*	Lewis Albert Ehrman
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Margret Ettel
Address,	No 619 Eden St
Remarks,	

1892000271 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Registrar of Vital Statistics, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 1892
4. *Place of Birth, (Street and Number)* 1639 Sterling St
5. *Full Name of Mother,* Florence Burkett
6. *Mother's Maiden Name,* " Ebersoll
7. *Mother's Birthplace,* Xxxx Balto Md
8. *Full Name of Father,* Chas. Burkett
9. *Father's Occupation,* Truckster
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Emma Kittlegeist

Address, 1630 E. Monument St

Remarks,

8 9 2 0 0 0 2 7 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40682.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White.
3. Date of Birth, July 2d - 1892.
4. Place of Birth, (Street and Number) 1309 W. Mosher st.
5. Full Name of Mother, Florence A. Carter.
6. Mother's Maiden Name, Webb.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, John F. Carter
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto. City. Md.

Name of Medical Attendant, or other person who makes this Return. R. Hen. Goldsmith. M.D.

Address, Harlem av & Calhoun st

Remarks, 8920002717

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	The 20th Daily 1
4.	*Place of Birth, (Street and Number)*	No 418 Norton St
5.	*Full Name of Mother,*	Mary Collins
6.	*Mother's Maiden Name,*	Mary Mayhew
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Alexander Collins
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs Ada Lewis
	Address,	No 105 Harford Ave
	Remarks,	8920 8827 1/8 592

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex,* (*State whether male or female*) male
2. *Race or color,* (*if not of the white race*) white
3. *Date of Birth,* July 2nd 1892
4. *Place of Birth,* (*Street and Number*) 1010 N. Stricker St
5. *Full Name of Mother,* Minnie J. McParland
6. *Mother's Maiden Name,* Minnie J. Heineman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward J. McParland
9. *Father's Occupation,* Silversmith
10. *Father's Birthplace,* New York city

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor Harris, M.D.

Address, 871 Harlem Ave

Remarks, 8920002719

... J. B. BALLANTY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 2 / 92
4.	*Place of Birth, (Street and Number)*	718. N. Eden St
5.	*Full Name of Mother,*	Christine E. Haas
6.	*Mother's Maiden Name,*	Christine E. Brandt
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	Wm. Haas
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	H. Barthieu Jr. M.D.
	Address,	706 S. Broadway
	Remarks,	Born Dead

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Koenig

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd, 1892.
4. Place of Birth, (Street and Number) 53 Walpert Ave.
5. Full Name of Mother, Mary Koenig
6. Mother's Maiden Name, Mary ~~Hammer~~ Kummer
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Wm Koenig
9. Father's Occupation, Brewer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, T. K. Galloway M.D

Address, 318 East Lanvale St

Remarks, CERTIFICATE CORRECTED 6-3-52

8 9 2 0 0 0 2 7 2 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 140687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 2 3d
4. Place of Birth, (Street and Number) Cuba street, 1647 Point Locust
5. Full Name of Mother, Katie Lane
6. Mother's Maiden Name, Katie Mc Gettigan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Louis Lane
9. Father's Occupation, Hooker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Magret Atel

Address, No 1619 Cuba St

Remarks, 8920002722

Wm J C. Dulany Co., City Printers and Stationers.

Penalty for neglect to report birth.—Any person required by the foregoing section to report the birth of any child, or to furnish the information required by the said schedule, who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 10688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2nd 1892
4. *Place of Birth, (Street and Number)*	1633 W Fulton St
5. *Full Name of Mother,*	Annie Gray McCahan
6. *Mother's Maiden Name,*	Annie G Bramble
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Alonzo McCahan
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	753 W Lexington St
Remarks,	8920002723

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40689.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd '92
4. Place of Birth, (Street and Number) 420 h. Greene St.
5. Full Name of Mother, Ida Howard
6. Mother's Maiden Name, " Quidery
7. Mother's Birthplace, Ohio
8. Full Name of Father, C. W. Howard
9. Father's Occupation. Dentist
10. Father's Birthplace, Maine.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

8920002724

Health. This schedule shall contain a list of the births [illegible] have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40690.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3d. 1892
4. *Place of Birth, (Street and Number)* 1415 Patapsco, St
5. *Full Name of Mother,* Mary Skuhr
6. *Mother's Maiden Name,* Mary Ongler
7. *Mother's Birthplace,* Baltimore, md
8. *Full Name of Father,* Charles Fedrick Skuhr
9. *Father's Occupation,* glass cutter
10. *Father's Birthplace,* Washington, Dc

Name of Medical Attendant, or other person who makes this Return, Ellenmore. a. anderson

Address, 1434 Patapsco St

Remarks,

1 8 9 2 0 0 0 2 7 2 5

Penalty. The child shall be registered as soon as the same can be ascertained the full name of each child. (If any child shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

A 40691

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1.	*Sex, (state whether male or female)*	Girl
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	3rd of July 1892
4.	*Place of Birth, (Street and Number)*	223 North Ann st.
5.	*Full Name of Mother,*	Barbra Lennert
6.	*Mother's Maiden Name,*	Barbra Sohonate
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Lenart
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Crescintia Kunkel
	Address,	213 North Caroline st. per Justina Kunkel
	Remarks,	Healthy.

8 9 2 0 0 0 2 7 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	third day of July
4. *Place of Birth (Street and Number)*	No 227 Mallina St
5. *Full Name of Mother*	Henrietta Mathews
6. *Mother's Maiden Name*	Henrietta King
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Saul Mathews
9. *Father's Occupation*	Driver of a commission wagon
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mrs. M. Thelen No 216 Madeira St

8920002727

RETURN OF A BIRTH. A 40693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 4th 1892

4. Place of Birth, (Street and Number) 781 Gorsuch

5. Full Name of Mother, Mary Catherine Carico

6. Mother's Maiden Name, Catherine Brady

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Peter Carico

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8920002728

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 4th 1892
4. Place of Birth (Street and Number),	1011 Hill St.
5. Full Name of Mother,	Annie M. Milloway
6. Mother's Maiden Name,	Carroll
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Jno. Jas. Milloway
9. Father's Occupation,	
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	D. S. Wolleimer
Address,	244 Carroll St Woodberry Baltimore
Remarks,	

1892000279

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the following particulars, viz.: the date and place of birth; the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

40695

CERTIFICATE CORRECTED 10-23-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Austin LeRoy McCurdy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of July 1892
4. *Place of Birth, (Street and Number)*	1716 East Eager street
5. *Full Name of Mother,*	Katie E. McCurdy
6. *Mother's Maiden Name,*	Katie E. Porter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John E. McCurdy
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Descintia Kunkel
Address,	213 North Chapel St. Sr. Justina Kunkel
Remarks,	Healthy

B 20002730

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 40696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any name shall have been conferred.) Its sex, color, the full name, residence and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly attested, to the Registrar of Vital Statistics, Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and certificate, between the first and third day of each and every month. Immediately after the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents or such child to report its birth to the Registrar of Vital Statistics, Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and should no other person be in attendance upon the mother, immediately after the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 4/92
4. *Place of Birth, (Street and Number)*	547 Moores Aly
5. *Full Name of Mother,*	Mrs Douglas
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Mr Douglas
9. *Father's Occupation,*	Odd Jobs
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	A K Bond M D
Address,	N.E. Cor. McCulloh & Biddle Sts
Remarks,	6th month baby turned over case to midwife engaged beforehand

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

40697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 4th 1892

4. *Place of Birth, (Street and Number)* 3125 O'Donnell St

5. *Full Name of Mother,* Annie Dowd

6. *Mother's Maiden Name,* Annie Hughes

7. *Mother's Birthplace,* Michigan

8. *Full Name of Father,* Timothy Dowd

9. *Father's Occupation,* Copper Refiner

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. W. Jones M.D.

Address, 3118 O'Donnell St

Remarks, Complicated with measles

8920002732

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, it shall be the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall be within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and form aforesaid. Any Physician, Midwife, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 46698.

CERTIFICATE CORRECTED 10-1-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rebecca Bella Heise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 4th 1892

4. Place of Birth (Street and Number), 2325 Jefferson St

5. Full Name of Mother, Annie Bell (Louise) Heise

6. Mother's Maiden Name, Annie B. Bowday

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Louis H (Louis) Heise

9. Father's Occupation, Lumber Dealer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E Pinnella M.D

Address, 1701 Baltimore St East

Remarks,

18920002733

Baltimore Publishing Co., City Printers and Stationers

Name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th July 1892.
4. *Place of Birth, (Street and Number)* Baltimore City 1517 Cole St
5. *Full Name of Mother,* Sophia A Smith
6. *Mother's Maiden Name,* Sophia A Wilson
7. *Mother's Birthplace,* Baltimore Md. City
8. *Full Name of Father,* Thomas Rees Smith
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Baltimore Md City

Name of Medical Attendant, or other person who makes this Return. Mary Kramer

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8920002734

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born July 4th 1892
4. Place of Birth, (Street and Number)	# 118 Vine Stv
5. Full Name of Mother,	Mrs Mary Kreb
6. Mother's Maiden Name,	Miss " Krebower
7. Mother's Birthplace,	Poles
8. Full Name of Father,	George Kreb
9. Father's Occupation,	Labor
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2121 W. Pratt Stv
Remarks,	† 892006 2735

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-12-52

RETURN OF A BIRTH.

H0701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Hamburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4/92
4. Place of Birth, (Street and Number) 504 S. Bond St
5. Full Name of Mother, Rebecca Hamburger
6. Mother's Maiden Name, Jacobs
7. Mother's Birthplace, Russia (Poland)
8. Full Name of Father, L. Hamburger
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Russia (Poland)

Name of Medical Attendant, or other person who makes this Return, Fred W. Wilson M.D.

Address, 1721, Caroline av.

Remarks,

8920002736

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1892
4. *Place of Birth, (Street and Number)* 622 Spring St
5. *Full Name of Mother,* Mary Edell
6. *Mother's Maiden Name,* " Billner
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Edell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Nellegut

Address, 1032 E Monument St

Remarks,

1 8 9 2 0 0 0 2 7 3 7

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. SULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4
4. Place of Birth, (Street and Number) 1605 Edmonson Av
5. Full Name of Mother, Kate M Reuder
6. Mother's Maiden Name, Kate Dawson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles M. Reuder
9. Father's Occupation, Ships Bender
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Robt K Kirwan

Address, 1205 W Fayette St

Remarks, 8920002738

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 40704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 11 1892
4. *Place of Birth, (Street and Number)*	1715 Linden Ave
5. *Full Name of Mother,*	Mrs. Birda F Goode
6. *Mother's Maiden Name,*	Seully
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Ignatius Goode
9. *Father's Occupation,*	Canning
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	R. Winslow
Address,	1900 N. Royal Terrace
Remarks,	8920002739

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 4th 1892

4. Place of Birth, (Street and Number) 325 N. Charles st

5. Full Name of Mother, Lula V. Carter

6. Mother's Maiden Name, " " Haynie

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm. H. Carter

9. Father's Occupation, Mariner

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 N Broadway

Remarks,

1892000270

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5-th 1892
4. *Place of Birth, (Street and Number)* 492 E Madison st
5. *Full Name of Mother,* Estella Reeves
6. *Mother's Maiden Name,* Elsner
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm Reeves
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Gettysburg

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Hellegeist

Address, 1103 E Monument St

Remarks,

1 8 9 2 0 0 0 2 7 4 1

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1892
4. Place of Birth, (Street and Number) Baltimore Ind 440 E Pratt St
5. Full Name of Mother, Augusta Dembensky
6. Mother's Maiden Name, Augusta Beer
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Dembensky
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas Mary Koening

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child case during visit

1892000742

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Sections 1 and 2 shall be filled out as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the person in charge of the Institution, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 5th
4. Place of Birth, (Street and Number) 608 N. Hoffman St
5. Full Name of Mother, Annie A. Riddick
6. Mother's Maiden Name, " " Watkins
7. Mother's Birthplace, Balto City
8. Full Name of Father, Chas. H. H. Riddick
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John G. Huck

Address #649 N. Lafayette Ave

Remarks, 1897 0 0 0 2 7 4 3

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 3rd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 5th 1892
4. Place of Birth, (Street and Number) Hanover st No 11
5. Full Name of Mother, Elizabeth Busk
6. Mother's Maiden Name, Elizabeth Classion
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Busk
9. Father's Occupation, Farmer
10. Father's Birthplace, Anne Arundel Co

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Maggie A. Culkson 14 W. Cross st

Remarks,

1892 0002744

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-11-57

RETURN OF A BIRTH. 40710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise McKim Murdock,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1892
4. Place of Birth, (Street and Number) 1227 N. Calvert St.
5. Full Name of Mother, Louisa McKim Murdock
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Davies Murdock
9. Father's Occupation, Electrical Engineer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D

Address, 919 W. Monument St.

Remarks,

8920002745

The above set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First — Charles Timothy Logan
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 5th 1892
Place of Birth, (Street and Number)	1502 William St
5. Full Name of Mother,	Mary Rogan
6. Mother's Maiden Name,	Mary McDonnell
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Thomas Rogan
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	753 W Lexington
Remarks,	Said given name added by father upon applying for a

1892 0 0 0 2 7 4 6 Birth Index Clerk

transcript. Thomas H Logan Father

Issued August 1-1930.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 407/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1892
4. Place of Birth, (Street and Number) S. E. Cor. Chester Street & Fairmount Ave.
5. Full Name of Mother, Helena Frehe
6. Mother's Maiden Name, " Hobelman
7. Mother's Birthplace, Germany
8. Full Name of Father, August Frehe
9. Father's Occupation, Brick Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, James F. McShane, M.D.

Address, 2 S. Patterson Park Ave.

Remarks, 8 9 2 0 0 0 2 7 4 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with these provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH A 40713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	
1. Sex, (~~State whether male or female~~)	Jennie Childs Jones
2. Race or color, (~~If not of the white race~~)	
3. Date of Birth,	July 6th 1892
4. Place of Birth, (Street and Number)	1525 Edmonson Ave
5. Full Name of Mother,	Ida Pendleton Jones
6. Mother's Maiden Name,	Childs
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ezekiel Thos Jones
9. Father's Occupation,	Trolley Lineman
10. Father's Birthplace,	Dorchester County
Name of Medical Attendant, or other person who makes this Return.	Elias E. Price M. D.
Address,	953 Madison Ave
Remarks,	18920002748

month, and shall set forth as far as the same can be ascertained the full name and occupation of its father, the date and place of birth; and the maiden name, birthplace and occupation of its mother, the date and place of birth; and the number of children to whom she has been delivered, and the number of children now living of such mother; and the number of children born alive but now dead, and the number of children born dead after twenty-eight weeks of pregnancy. Such certificate shall be signed by the person in charge of the case, or by the physician or midwife in attendance at the birth, and shall be delivered, duly signed by the practitioner in charge of the case, or by the father, mother or other person having knowledge of the facts required by this section to be stated, to the Registrar of Vital Statistics of the district in which the birth occurred, within ten days after the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become and will be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 July 1892
4. *Place of Birth, (Street and Number)*	Fort ave. near 1640
5. *Full Name of Mother,*	Lida Clarcker
6. *Mother's Maiden Name,*	Lida Edwards
7. *Mother's Birthplace,*	n St. Marens Countie Md
8. *Full Name of Father,*	Joseph Clarcker
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	St. Mareno Countie Md
Name of Medical Attendant, or other person who makes this Return.	Fort ave No 1708
Address,	Locust Point
Remarks,	1 8 9 2 0 0 0 2 7 4 9

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

40715.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July. 6. th. 1892.
4. *Place of Birth, (Street and Number)*	S. Eutaw St. No. 601.
5. *Full Name of Mother,*	Mrs Anna Kraft.
6. *Mother's Maiden Name,*	Anna Schmidt.
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	Henry Kraft.
9. *Father's Occupation,*	Locomotive Engineer.
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return.	A. F. Volkman M. D.
Address,	No. 620. S. Eutaw St. Balt. Md.
Remarks,	Time is no [illegible] 2 0 0 2 7 5 0

WM. A. G. SLADE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7. 1892

4. Place of Birth, (Street and Number) 210 S Eden st

5. Full Name of Mother, Lotta Koritz

6. Mother's Maiden Name, Lotta Gottstick

7. Mother's Birthplace, Russia

8. Full Name of Father, Elias Koritz

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Grzywatch

Address, 1415 E Pratt st

Remarks, 1 8 9 2 0 0 0 2 7 5 1

Wm J C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ...as far as the same can be ascertained the full name of each child, if any shall have ...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7 1892
4. Place of Birth, (Street and Number) 19 N. Bond
5. Full Name of Mother, Rachael Berger
6. Mother's Maiden Name, Rachael Schetchman
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Berger
9. Father's Occupation, Upholster
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Gizzyatch

Address, 1415 E. Pratt st

Remarks, 18920002752

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 7th 1892
4. *Place of Birth, (Street and Number)*	1402 Orleans St
5. *Full Name of Mother,*	Mary E. Glaze
6. *Mother's Maiden Name,*	Mary E. Mileen
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	Thos W. J. Glaze
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	B F Reuling
Address,	753 W Lexington
Remarks,	1892000 2753

1888. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH. A 40719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Florence Otilia Steinecke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 7. 1892.
4. Place of Birth, (Street and Number) 5 Dorrmuench St.
5. Full Name of Mother, Annie Elizabeth Steinecke
6. Mother's Maiden Name, Annie Elizabeth Grimm
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Wilhelm Steinecke
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, J B Mullins M.D.

Address, 932 Frederick Ave East

Remarks, 18920002754

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the birth of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7 1892
4. *Place of Birth, (Street and Number)* 804 Ridgely St.
5. *Full Name of Mother,* Lizzie Wagner
6. *Mother's Maiden Name,* " Souder
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Wagner
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Wm. A. B. Tillmanden

Address, 5 E Biddle St.

Remarks, + 8 9 2 0 0 0 2 7 5 5

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40721.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, July 7 1st

4. Place of Birth, (Street and Number) 523 Lambert

5. Full Name of Mother, Dalla Groomes

6. Mother's Maiden Name, Dalla Brown

7. Mother's Birthplace, Norfolk Va

8. Full Name of Father, John W Grooms

9. Father's Occupation, Labore

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Celistal Cook

Address, 1008 Shields alley

Remarks, 8920002756

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ann Elizabeth Owens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 n a
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	7th July 1892
4. *Place of Birth, (Street and Number)*	1209 Park ave
5. *Full Name of Mother,*	mary McConnick Owen
6. *Mother's Maiden Name,*	" McConnick
7. *Mother's Birthplace,*	Bala
8. *Full Name of Father,*	Daniel owens
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	C B Hamilton M.D.
Address,	928 Carlton
Remarks,	GIVEN NAME ADDED. 4-16-53

1 8920002757

The full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 7th 1912
4. *Place of Birth, (Street and Number)*	# 2321 N. Durham St
5. *Full Name of Mother,*	Mary Jane Yorkman
6. *Mother's Maiden Name,*	" " Butler
7. *Mother's Birthplace,*	Baltimore City Md.
8. *Full Name of Father,*	Samuel C. Yorkman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City Md,
Name of Medical Attendant, or other person who makes this Return,	Susan Hooper
Address,	# 123 N Durham St.
Remarks,	8920002758

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 46724.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July the 7
4. *Place of Birth, (Street and Number)* 615 north Gilbert St
5. *Full Name of Mother,* Elizabeth Dorsey
6. *Mother's Maiden Name,* Elizabeth Clarke
7. *Mother's Birthplace,* Prince Georges county Md
8. *Full Name of Father,* Robert Dorsey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return, Carline Patterson

Address, 1001 Lewis St

Remarks, remarkable well

1892000 2759

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 40725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8.
4. Place of Birth, (Street and Number) 1 Montgomery St.
5. Full Name of Mother, Pauline March
6. Mother's Maiden Name, Rost
7. Mother's Birthplace, Balto.
8. Full Name of Father, John March.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Scarborough.

Address, 12 Montgomery St.

Remarks,

1 8 9 2 0 0 0 2 7 6 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40726

GIVEN NAME ADDED 12-10-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~William~~ Kratz 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	M
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	July 8 1892
4. Place of Birth, (Street and Number)	912 Penna Ave
5. Full Name of Mother,	Emma Kratz
6. Mother's Maiden Name,	Schwenger
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Fred Kratz
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R. Winslow
Address,	901 N. Royal Terrace
Remarks,	

8920002761

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 8. 1892
5. *Place of Birth, (Street and Number)* 1516 Barclay St
6. *Full Name of Mother,* Martha Tomasa Dooley
7. *Mother's Maiden Name,* Pellines
8. *Mother's Birthplace,* Isle Wight Co. Va
9. *Full Name of Father,* John F. Dooley
10. *Father's Occupation,* Plumber
11. *Father's Birthplace,* London Co. Va

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Fibbs

Address,

Remarks,

8920002762

GEO. J. S. SKLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1892
4. Place of Birth, (Street and Number) 405 N. Central Ave.
5. Full Name of Mother, Sarah E. Kent
6. Mother's Maiden Name, Kratzer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Sidney C. Kent
9. Father's Occupation, Compositor
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Bauer M.D.

Address, 439 N. Central Ave.

Remarks, 8920002763

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. SULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* July 9th 1892
4. *Place of Birth, (Street and Number)* Chesnut St 141 Baltimore Md
5. *Full Name of Mother,* Birtha Williams
6. *Mother's Maiden Name,* Birtha Campbell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert Campbell.
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Carline Paterson.

Address, 401 Lewis St.

Remarks, Remarkable well.

8920002764

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

...can be ascertained the full name of each child (if any shall have ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or ...the petitioner in the form of a certificate between the first and third day of each and every month to the office of the ...of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or ...cian or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such ...reafter fail to comply with the provisions of this section shall be sub- ...r Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable ...

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	9th of July
4. *Place of Birth, (Street and Number)*	Baltimore MD 55 Calender Av.
5. *Full Name of Mother,*	Mrs Mary Thomas.
6. *Mother's Maiden Name,*	Miss Mary Donohue.
7. *Mother's Birthplace,*	Baltimore MD.
8. *Full Name of Father,*	Mr Richard Thomas.
9. *Father's Occupation,*	Varinsher.
10. *Father's Birthplace,*	Baltimore MD.
Name of Medical Attendant, or other person who makes this Return,	Mrs Thom
Address,	1310 W Pratt St.
Remarks,	8920002765

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Caucasian
3. *Date of Birth,*	July 9th 92
4. *Place of Birth, (Street and Number)*	806 Hanover st
5. *Full Name of Mother,*	Jetta Miller
6. *Mother's Maiden Name,*	Jetta Rugborodski
7. *Mother's Birthplace,*	Russia, Europe
8. *Full Name of Father,*	Jacob Miller
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia Europe
Name of Medical Attendant, or other person who makes this Return,	Dr. Rubinstein
Address,	# 212 W Baire.
Remarks,	8920 Head Chief 66

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	July 10th 1892
4. *Place of Birth, (Street and Number)*	1410 W. Lanvale St.
5. *Full Name of Mother,*	Anna Sylvester Edmonds.
6. *Mother's Maiden Name,*	Sylvester.
7. *Mother's Birthplace,*	Eufaula, Alabama.
8. *Full Name of Father,*	Wm. H. Edmonds.
9. *Father's Occupation,*	Editor.
10. *Father's Birthplace,*	Norfolk Va.
Name of Medical Attendant, or other Person who makes this Return.	Alice S. Parkhurst M.D.
Address,	1410 Park Ave
Remarks,	8920002767

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 11
4. *Place of Birth, (Street and Number)*	Baltimore 1214 N. Pratt St
5. *Full Name of Mother,*	Annie Doyle
6. *Mother's Maiden Name,*	Annie Burns
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Laurence Doyle
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Irland
Name of Medical Attendant, or other person who makes this Return,	Kar Thorn
Address,	1310 Pratt St
Remarks,	8920002768

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-25-52

RETURN OF A BIRTH

40734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Laura Miriam Pursley
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	July 11-92
4. Place of Birth, (Street and Number)	2100 St Paul St
5. Full Name of Mother,	Lettie P Pursley
6. Mother's Maiden Name,	" " Hubbard
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Joseph O Pursley
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Dr. Catterall M.D.
Address,	1308 N Charles St
Remarks,	

8920002769

Sec. 1. This section shall be construed to require that the full name of each child, if any shall have been conferred, and the full name of its parents, the date and place of birth, and the occupation of its parents, the color of the same can be ascertained the full name of each child, if any shall have been conferred, and the full name and occupation of its parents, the date and place of birth, and

RETURN OF A BIRTH. 407/36.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1892
4. *Place of Birth, (Street and Number)* 1219 N. Central Ave
5. *Full Name of Mother,* Emma Obert
6. *Mother's Maiden Name,* Englert
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Obert
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Nillegent

Address, 1031 E. Monument

Remarks, 1 8 9 2 0 0 0 2 7 7 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the attendance of a physician or practitioner of midwifery, or should no other person lie in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-19-56

RETURN OF A BIRTH.

A 40736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Sophia ~~Roth~~ Roth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1892
4. Place of Birth, (Street and Number) 1624 Harford Ave
5. Full Name of Mother, Lena Roth
6. Mother's Maiden Name, " Welches
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Adam Roth
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Hillegeist

Address, 1038 E Monument St

Remarks,

8920002771

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

40737

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race)
3. Date of Birth, July 1. 92
4. Place of Birth, (Street and Number) 201 E Mt Royal ave
5. Full Name of Mother, Belle Willard
6. Mother's Maiden Name, " Wyatt
7. Mother's Birthplace, Va
8. Full Name of Father, Jos E. Willard
9. Father's Occupation, Lawyer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Fremont ave

Remarks,

8920002772

Rules, etc., shall be set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 14th July 1872.
4. *Place of Birth (Street and Number),* 11 S. Chapel St
5. *Full Name of Mother,* Eve. Deinlein
6. *Mother's Maiden Name,* Schitz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Deinlein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Johanna Rauhuck

Address, 116 S. Wolfe St

Remarks,

8920002773

This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 3-13-52

RETURN OF A BIRTH A 40439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Edward Cason	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 1st 1892
4. Place of Birth, (Street and Number)	Jefferson St
5. Full Name of Mother,	Ann Ellenor Cason
6. Mother's Maiden Name,	Ann Ellenor Hatchley
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	John H. Cason
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Richmond Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs Harriet Hatchley
Address,	114 Old York Road Waverly
Remarks,	1892 0002774

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

#40740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 4 July
4. Place of Birth, (Street and Number) cider alley 636
5. Full Name of Mother, Nancy Gray
6. Mother's Maiden Name, Nancy Grose
7. Mother's Birthplace, Balto MD
8. Full Name of Father, William K Gray
9. Father's Occupation, carboring man
10. Father's Birthplace, Balto MD

Name of Medical Attendant, or other person who makes this Return. Morgett Gray

Address, 727 Cricket alley

Remarks,

1 8 9 2 0 0 0 2 7 7 5

...sworth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner of ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offense, to be recovered ... fines and forfeitures are recoverable.

GEO. W. BRYANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 4/92
4. Place of Birth (Street and Number),	318½ E Bond
5. Full Name of Mother,	Mimmie L. Lennon
6. Mother's Maiden Name,	" " Eaton
7. Mother's Birthplace,	alexandria Va.
8. Full Name of Father,	Geo. H. Lennon
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Falmouth Va
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D.
Address,	129 S Broadway
Remarks,	8920002776

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2
4. *Place of Birth, (Street and Number)* Easterly to Extended
5. *Full Name of Mother,* Alice Bucagard McDonnell
6. *Mother's Maiden Name,* Alice B Enidet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Joseph McDonnell
9. *Father's Occupation,* Comission Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Powgay

Address, 2847 Laurel st

Remarks,

8920002777

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) (White)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6. 92
4. Place of Birth, (Street and Number) 820 William St
5. Full Name of Mother, Maggie Kenly
6. Mother's Maiden Name, Maggie Eschbach
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Kenly
9. Father's Occupation, Gas Office
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Edmondson Ave

Remarks, Mother has Twins - One male + one female - 892000 2778

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, (if any shall have ...pation of its parents, the date and place of birth; and the ...ractitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...if shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 407 H.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1892
4. *Place of Birth, (Street and Number)* # 2126 Vine St.
5. *Full Name of Mother,* Lucy C. Keeper
6. *Mother's Maiden Name,* Lucy C. Hartz
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* William J. Keeper
9. *Father's Occupation,* Cabt Carpenter
10. *Father's Birthplace,* Littlestown Pa

Name of Medical Attendant, or other person who makes this Return. Basil J. Short M.D.

Address, # 9 S. Fulton ave

Remarks, 8920002779

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. G. BLAKE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 40740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1892
4. *Place of Birth, (Street and Number)*	Jefferson St
5. *Full Name of Mother,*	Lydia A. Hart
6. *Mother's Maiden Name,*	Lydia A. Rowley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oliver F. Hart
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Harriet Blatchley
Address,	114 Old York Road
Remarks,	1892000 2780

All births must be registered within the first month after birth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	July 7
4. Place of Birth, (Street and Number)	Baltimore 509 Welcome Alley
5. Full Name of Mother,	Mary Emmels.
6. Mother's Maiden Name,	Mary E. Emmels Thomas
7. Mother's Birthplace,	Dorchester Co Md.
8. Full Name of Father,	John Thomas
9. Father's Occupation,	Stripping Buck Yard
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Gray
Address,	Rickert Court
Remarks,	

1892000278 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUL 13 92

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

40747

Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	7 of July 1868
4.	*Place of Birth, (Street and Number)*	E. N. Monument st
5.	*Full Name of Mother,*	Sarah Clark
6.	*Mother's Maiden Name,*	Rayner
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	James T. Clark
9.	*Father's Occupation,*	Awning maker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs L. Gross
	Address,	917 E. Monument st.
	Remarks,	

8920002782

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 7th 1892
4. *Place of Birth, (Street and Number)*	1021 S. Eutaw st
5. *Full Name of Mother,*	Julia Green
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Harry Abeles
9. *Father's Occupation,*	Brick yard work
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Susan Grandy
Address,	1035 S Howard st
Remarks,	8920002783 "

...birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...A. G. GALLEY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-28-52

RETURN OF A BIRTH.

40749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Bell ~~Bennett~~ 2nd Child.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 of July - 1892.
4. *Place of Birth, (Street and Number)* 724 Wolfe str
5. *Full Name of Mother,* Ida Bennett
6. *Mother's Maiden Name,* Hunter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. Bennett
9. *Father's Occupation,* Cannmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss L Price

Address, 1917 E Monument st.

Remarks,

1 8 9 2 0 0 0 2 7 8 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 4 of July
4. *Place of Birth, (Street and Number)* 1004 Sterling Street
5. *Full Name of Mother,* Agnes Trapp
6. *Mother's Maiden Name,* Agnes Goeke
7. *Mother's Birthplace,* Maryland County
8. *Full Name of Father,* Charles Trapp
9. *Father's Occupation.* Waiter
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other [illegible] makes th[illegible] Mrs Charity Bones

Address, 1004 Sterling Street

Remarks, 1892 0002785

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40757.

GIVEN NAME ADDED 4-23-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruby Elizabeth Stran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	9th of July 1892.
4. Place of Birth, (Street and Number)	238 old york road Waverly City
5. Full Name of Mother,	Mary Louisa Stran
6. Mother's Maiden Name,	Mary Louisa Buck
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Robert, Ward, Stran
9. Father's Occupation,	House painter
10. Father's Birthplace,	Waverly Baltimore County Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Harriet Blatchley
Address,	114 Old York Road Waverly
Remarks,	1 8 9 2 0 0 0 2 7 8 6

If birth occurs in a hospital, institution or boarding house, the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother Florence Neal of Garbare NC

1. Sex, (state whether male or female) Child female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, July the 9 1892
4. Place of Birth, (Street and Number) W North Dalas St
5. Full Name of Mother, Florence Artis
6. Mother's Maiden Name, Florence Neal
7. Mother's Birthplace, Garbaro N.C.
8. Full Name of Father, Charlie Neal
9. Father's Occupation, occupation Laundher Color
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return. Mrs Lester Henderson

Address, 403 South Dalas St

Remarks,

1 8 9 2 0 0 0 2 7 8 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. That it shall be the duty of every person having charge of any child born in the City of Baltimore, after the passage of this Act, to report the birth of such child to the Commissioner of Health, within the period above required, and any such person who shall neglect or refuse to report such birth, as herein required, shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 2. That it shall be the duty of the Commissioner of Health to keep a record of the births reported to him, and to have printed a sufficient number of blank forms for the returns of births required by this Act, and to furnish the same to the physicians and midwives of the City of Baltimore, and to such other persons as may require them; and he shall also prepare and

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

46753.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 of July
4. Place of Birth, (Street and Number) 162 E Monument
5. Full Name of Mother, Carl Owens
6. Mother's Maiden Name, Mrs Owens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Carl Owens
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Green

Address, 1917 E. Monument st.

Remarks, 18920002788

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A 40754

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10 22
4. *Place of Birth, (Street and Number)* Garrett Ave 1967
5. *Full Name of Mother,* Emma Teutleberg
6. *Mother's Maiden Name,* Wilbath
7. *Mother's Birthplace,* Tilsit Ost Preussen
8. *Full Name of Father,* Heinrich Teutleberg
9. *Father's Occupation,* Steveder
10. *Father's Birthplace,* Bremerhaven

Name of Medical Attendant, or other person who makes this Return, Johanna Jorske

Address, Garrett Ave 1963

Remarks, 8920002789

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 10/92
4. *Place of Birth, (Street and Number)*	8 St. & Lombard St
5. *Full Name of Mother,*	Cordelia L. Friez
6. *Mother's Maiden Name,*	Schimpf
7. *Mother's Birthplace,*	N. Philadelphia
8. *Full Name of Father,*	Julien P. Friez
9. *Father's Occupation.*	Manufacturer of Meteorological Instruments
10. *Father's Birthplace,*	France
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

1892 0002790

Health. [illegible] contains a space for the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 1897
4. Place of Birth, (Street and Number) # 121 Third Ave.
5. Full Name of Mother, Ida Wilhelm
6. Mother's Maiden Name, — Burton
7. Mother's Birthplace, Md.
8. Full Name of Father, Thos. F. Wilhelm
9. Father's Occupation,
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D. L. Williams M.D.

Address, Woodberry Baltimore

Remarks, 8920002791

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

40757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1892.
4. Place of Birth, (Street and Number) 1314 E. Fayette St.
5. Full Name of Mother, Fannie Byrne
6. Mother's Maiden Name, Fannie Angle
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thos Byrne
9. Father's Occupation, Salesman
10. Father's Birthplace, Maryland -

Name of Medical Attendant, or other person who makes this Return. Wm Clyde Burns M.D.

Address, 1126 E. Fayette St.

Remarks,

1892000279 2

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 40758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1892
4. Place of Birth, (Street and Number) # 1818 Dover St.
5. Full Name of Mother, Mrs. Catherine E. Miles
6. Mother's Maiden Name, Miss Catherine E. Hickey
7. Mother's Birthplace, Woodstock Md
8. Full Name of Father, Mr. Samuel Jr. Miles
9. Father's Occupation, Laborer
10. Father's Birthplace, Accomac Co. Va

Name of Medical Attendant, or other person who makes this Return. Basil J. Short M.D.

Address, 698 Fulton Ave.

Remarks, 18920002793

The above and foregoing shall contain a true statement of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1892
4. *Place of Birth, (Street and Number)* 1916 Latrobe St
5. *Full Name of Mother,* Lucy Frederick Thornton
6. *Mother's Maiden Name,* Lucy Johnson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Frederick Thornton
9. *Father's Occupation,*
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Alfred M. Bell M.D.

Address, 1031 Cathedral St.

Remarks, 8920002794

register of such birth, and shall enter the subject-m a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birt which have occurred under his or her care during the month, and shall set forth as far as the same can be ained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occup of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the pra er in the form of a certificate between the first and third day of each and every month to the office of the shall occur without the attendance of a physician or ssioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter i of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) white

3. Date of Birth 13th July

4. Place of Birth (Street and Number) Baltimore city 731 Barre st

5. Full Name of Mother Sophia Miller

6. Mother's Maiden Name Sophia Keezer

7. Mother's Birthplace Baltimore

8. Full Name of Father Albert Miller

9. Father's Occupation Box maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Marie Natzeraner

Address 1110 Russel st

Remarks Balto Cemetary July 15th 1892

Geo Leimbach & Son Undertaker 647 W. Pratt st

RETURN OF A BIRTH, A 10761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male — George Edwin Dorsey
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 13-92
4. *Place of Birth, (Street and Number)*	2416 Park Ave
5. *Full Name of Mother*	Lula Dorsey
6. *Mother's Maiden Name*	Walton
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Chas H Dorsey
9. *Father's Occupation*	Broker
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Chas Riley
Address	1113 Fremont
Remarks	Full name of child added by mother upon applying for a transcript. Lula M Dorsey 8-27-96 June 2-1934

RETURN OF A BIRTH. 40762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of July 1892
4. Place of Birth, (Street and Number) 221 N Eutaw ave Md
5. Full Name of Mother, Sulvetia Williams
6. Mother's Maiden Name, Wansley
7. Mother's Birthplace, Balt City Md
8. Full Name of Father, George F Williams
9. Father's Occupation, Painter
10. Father's Birthplace, Balt City Md

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt st

Remarks, Birth reported 8/22/92 Mother sick With Dysentery the cause

Wm J C. Dulany Co., City Printers and Stationers.

Register of such Birth, and shall make such return to the Office of Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of the parents, the date and place of their marriage, and the number of children born to the mother. Said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1892
4. Place of Birth, (Street and Number) #521 Colvin st
5. Full Name of Mother, Anna Gawzki
6. Mother's Maiden Name, Anna Groius
7. Mother's Birthplace, Austria
8. Full Name of Father, George Gawzki
9. Father's Occupation, Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Dr. J. Bennett M.D

Address, #1025 N. Caroline st

Remarks, July 15th 1892

8 9 2 0 0 0 2 7 9 8

register of such birth, and shall enter the same on a blank to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the number of children born to them. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. O. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 July
4. *Place of Birth, (Street and Number)* 1103 Low St
5. *Full Name of Mother,* Fannie Spilonis
6. *Mother's Maiden Name,* " Goldman
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Abraham Spilonis
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington

Remarks,

8920002799

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 July
4. Place of Birth, (Street and Number) 1102 E Madison St
5. Full Name of Mother, Fannie Waishafsky
6. Mother's Maiden Name, Jouner
7. Mother's Birthplace, Russia
8. Full Name of Father Isaac Waishafsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Illberg

Address, 1902 E Lexington St

Remarks, 6920002800

register of such births and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 July
4. *Place of Birth, (Street and Number)*	120 N Chapman St
5. *Full Name of Mother,*	Christine Wagon
6. *Mother's Maiden Name,*	Sinte
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Wagon
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Getzke
Address,	#114 South Bond St
Remarks,	8920002801

Health. This schedule shall contain a list of the births which are required to be returned under this Act for each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 40767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	9 Day of July.
4.	*Place of Birth, (Street and Number)*	# 214 Hillman St.
5.	*Full Name of Mother,*	Mary McGann
6.	*Mother's Maiden Name,*	Mary Malony.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	James McGann.
9.	*Father's Occupation,*	Insurance Agent.
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Chas Christian Fuss
	Address,	# 1052 Harford Ave.
	Remarks,	Baltimore Md
		8920002802 City

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 6 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 July Bethel
4. *Place of Birth, (Street and Number)*	713 S Chan St
5. *Full Name of Mother,*	Lary Green
6. *Mother's Maiden Name,*	Delay
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Green
9. *Father's Occupation,*	Labor man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Getzke
Address,	1014 South Bond St
Remarks,	18920002803

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 July
4. Place of Birth, (Street and Number) 1214 Jackson St
5. Full Name of Mother, Emma Hannan
6. Mother's Maiden Name, Templer
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Hannan
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm R. Gilbig

Address, 1802 E Lexington St

Remarks, 8920002804

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the observation of the person making the return during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	Male
3. *Date of Birth,*	July 16
4. *Place of Birth, (Street and Number)*	162 N Monument St
5. *Full Name of Mother,*	Barbara Miskimon
6. *Mother's Maiden Name,*	Metz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Samuel Miskimon
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Getzke
Address,	414 South Bond
Remarks,	8920002805

Wm J C. Dulany Co., City Printers and Stationers.

A 46911.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 10th 1892
4. *Place of Birth, (Street and Number)*	650 W Lombard St.
5. *Full Name of Mother,*	Mrs Emilie Hilgert
6. *Mother's Maiden Name,*	Emilie Schenkel
7. *Mother's Birthplace,*	Missouri
8. *Full Name of Father,*	John J. Hilgert
9. *Father's Occupation,*	Horse dealer
10. *Father's Birthplace,*	Missouri
Name of Medical Attendant, or other Person who makes this Return	C. W. Mitchell M.D.
Address,	937 Madison Ave
Remarks,	8920002806

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th 1892
4. Place of Birth (Street and Number)	1907 Division St.
5. Full Name of Mother	Marion Haller
6. Mother's Maiden Name	Haynes
7. Mother's Birthplace	Canada
8. Full Name of Father	Frank Haller
9. Father's Occupation	Telephone Constructor.
10. Father's Birthplace	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	Carey Jay
Address	210 W. Franklin St.
Remarks	Birth was premature, hardly 7 months.

8920002807

RETURN OF A BIRTH. A 40773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, July 12 1892
4. Place of Birth, (Street and Number) 1517 Federal
5. Full Name of Mother, Mary H. Baum
6. Mother's Maiden Name, " Lehman
7. Mother's Birthplace, Md.
8. Full Name of Father, Frederick L. Baum
9. Father's Occupation, Brick-layer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Mullins

Address, 2262 E. Broadway

Remarks, 8920002808

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on a blank register of such birth, and shall set forth as far as the births which have occurred under his or her care during the month, and shall contain a list of the births which have been ascertained the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

40774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished to him for the purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~state whether~~ male ~~or female~~) male

2. Race or Color, (~~if not of~~ the white race) white

3. Date of Birth, July 12th 1892

4. Place of Birth, (Street and Number) 709 N. Wolfe

5. Full Name of Mother, Elizabeth I Goodwin

6. Mother's Maiden Name, Wharton

7. Mother's Birthplace, Balto City

8. Full Name of Father, Brent I Goodwin

9. Father's Occupation, Canmaker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J Ridgway André M.D.

Address, 1123 E Balto st

Remarks,

8920002809

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 40776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colord
3. Date of Birth,	July 13 1892
4. Place of Birth, (Street and Number)	1503 mulberry st
5. Full Name of Mother,	Mary E Hinde
6. Mother's Maiden Name,	Mary E Heyneman
7. Mother's Birthplace,	Baltimore MD
8. Full Name of Father,	Samuel Hinde
9. Father's Occupation,	Engineer Smith
10. Father's Birthplace,	NC
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Doyle
Address,	418 Fayett st Baltimore md
Remarks,	8920002810

Register of each Birth, and shall enter a list of the births which have been reported under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12/15/67

RETURN OF A BIRTH A. 40776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: IMILDA BUCKINGHAM

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 14th 1892.
4. *Place of Birth, (Street and Number)*	1830 Bolton St.
5. *Full Name of Mother,*	Grace Buckingham
6. *Mother's Maiden Name,*	Grace Lauckx
7. *Mother's Birthplace,*	York, Penna.
8. *Full Name of Father,*	J. Wm. Buckingham
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	York, Penna.
Name of Medical Attendant, or other person who makes this Return.	O. G. Shower. M.D.
Address,	2510 Penna. ave.
Remarks,	8920002811

register of such birth, and shall enter the same on a blank form which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 July
4. Place of Birth, (Street and Number) 1120 Low St
5. Full Name of Mother, Rosie Buriel Davidson
6. Mother's Maiden Name, " " Michels
7. Mother's Birthplace, Russia
8. Full Name of Father, Buriel Davidson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs R Ullrig

Address, 1302 E Lexington St

Remarks,

8920002812

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	The 14th July.
4.	*Place of Birth, (Street and Number)*	# 1121 Aisquith St.
5.	*Full Name of Mother,*	Louisa Klein.
6.	*Mother's Maiden Name,*	Louisa Drumpf.
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	Henry Klein
9.	*Father's Occupation,*	Carpenter.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Christina Lauer
	Address,	# 1137 Harford Ave.
	Remarks,	Baltimore Md. City.

8 9 2 0 0 0 2 8 1 3

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH — A 40779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	July 14. 1892
4. *Place of Birth, (Street and Number)*	1140 Woodyear st,
5. *Full Name of Mother,*	Sarah Ann Ford,
6. *Mother's Maiden Name,*	Kilpatrick,
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Roger Ford,
9. *Father's Occupation,*	Hostler,
10. *Father's Birthplace,*	Ireland,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M. D.
Address,	1007 W. Lanvale
Remarks,	1892000281 4 Please send me Envelopes Engle

Register of each birth, and shall also keep on file the certificate of each physician or midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 40780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th
4. Place of Birth, (Street and Number) 1200 W Cross Street
5. Full Name of Mother, Kate Webster Geoghegan
6. Mother's Maiden Name, Kate Webster Shaffer
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John Richard Geoghegan Jr
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, John R Geoghegan Jr

Address, 1200 W. Cross Street Balto Md

Remarks, 8920002815

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 July
4. Place of Birth, (Street and Number) 426 Centre St
5. Full Name of Mother, Annie Mullen
6. Mother's Maiden Name, McKinney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Mullen
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs R Dilbig

Address, 1302 E Lexington St

Remarks,

8920002816

Health. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1892
4. Place of Birth, (Street and Number) #1731 Hope street
5. Full Name of Mother, Theresa M.B. Mc Nally — Gutberlet —
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore —
8. Full Name of Father, Bernard Mc Nally —
9. Father's Occupation, Hatter
10. Father's Birthplace, Baltimore —

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly Station Baltimore Md

Remarks, 0 9 2 0 0 0 2 8 1 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

40783

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 22
4. Place of Birth, (Street and Number)	1126 N. Fulton Ave
5. Full Name of Mother,	Leah Susan Rutledge
6. Mother's Maiden Name,	" " Rutledge
7. Mother's Birthplace,	Balto. Co. Md
8. Full Name of Father,	Wm. M. Rutledge
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Annapolis Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Wilson
Address,	1929 Monument
Remarks,	8920002818

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered at the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of midwifery, or should no child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-26-52

RETURN OF A BIRTH. A 40784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Colston Rutter

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3 — 1942
4. Place of Birth, (Street and Number) 1022 Hollins st.
5. Full Name of Mother, Emma Rutter Lucas
6. Mother's Maiden Name, Lucas
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Walter Rutter
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Penn Augusta Co Va

Name of Medical Attendant, or other person who makes this Return. Thomas F Hill

Address, 1201 N. Fayette.

Remarks, 8920002819

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

which have occurred under his or her care during the
register of such births, and shall contain a list of the births which have
shall contain a list of the births which have occurred
ascertained the full name of each child (if any shall have
Health. This schedule shall set forth as far as the same can be ascertained the date and place of birth; and the
month, and shall set forth as far as the same can be ascertained the first and
said occupation of its parents, the full name and place of birth of any child
been conferred by the practitioner in the form of a certificate between the birth of any child
by the Commissioner of Health. In case the other person be in
said schedule shall be delivered month to the office or practitioner of midwifery or should no other person be required, and
and every month to the Commissioner of Health, in the form of the person above required, and
third day of each and every month to the physician or practitioner shall become the duty of the person above required, and
without the attendance of a physician or practitioner shall be sub-
immediately thereafter it shall be the duty of the person above required, and
shall occur upon the mother, Commissioner of Health, in the manner and within the period above shall be sub-
attendance upon its birth to the Commissioner of this section shall be
child to report to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	July 6th
4.	*Place of Birth, (Street and Number)*	1622 E Chase St
5.	*Full Name of Mother,*	Emma Magill Brown
6.	*Mother's Maiden Name,*	Balto. Md
7.	*Mother's Birthplace,*	Andrew Magill
8.	*Full Name of Father,*	Enoch Locke
9.	*Father's Occupation,*	Balto Md
10.	*Father's Birthplace,*	M B Billingslea
	Name of Medical Attendant, or other person who makes this Return,	1206 E Preston
	Address,	
	Remarks,	8920002820

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 40786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 15 1892

(FOLIO)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 6th 1892
4. Place of Birth, (Street and Number)	714 Edmondson ave
5. Full Name of Mother,	Rachel Jones
6. Mother's Maiden Name,	McCann
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Joseph Jones
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Charles Gilbons M.D.
Address,	833 Edmondson ave
Remarks,	18920002821

Health. This schedule shall contain a list of the names which the full name of each child, if any shall been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall said schedule shall be delivered month to the office or practitioner in the form of a certificate between the first and third day of each and every attendance of a physician or midwifery, or should no other person be in shall occur upon the mother, without the attendance of a physician or practitioner of the duty of the person above required, and immediately thereafter it shall become and within the period above required, and attendance, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 40787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~July 7, 1892~~ Colored
3. *Date of Birth,* July 7th 1892
4. *Place of Birth, (Street and Number)* # 15 S. Duncan Alley.
5. *Full Name of Mother,* Mary Henson
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Nathan Henson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, # 123 N. Durham St.

Remarks, 8920002822

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10788

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1892
4. *Place of Birth, (Street and Number)* 1509 E N Dunham
5. *Full Name of Mother,* Susan O'Donnell
6. *Mother's Maiden Name,* Huston
7. *Mother's Birthplace,* Prince George Co Md
8. *Full Name of Father,* John O'Donnell
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other person who makes this Return, M. B Billingslea

Address, 1206 E. Preston

Remarks, 8920002823

WM. J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 40789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1872
4. Place of Birth, (Street and Number) 419 Laurens al
5. Full Name of Mother, Annie Whelan Downs
6. Mother's Maiden Name, Lehman
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Robert Ellis Downs
9. Father's Occupation, Merchandise Broker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jos. B. Gibbons M.D.

Address, 833 Edmondson ave

Remarks, 8920002824

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, July 9th 90
4. Place of Birth, (Street and Number) 205 S. Gilmore St
5. Full Name of Mother, Sadie B. Duber
6. Mother's Maiden Name, Sadie B. Asury
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John H. Duber
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this return, H. Gabriel M.D.

Address, # 400 S. Broadway

Remarks, Born 1 1/2 30 P.M.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

REGISTER OF BIRTHS. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the first month of each year, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 40791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 13th 92
4.	*Place of Birth, (Street and Number)*	808. Pine St.
5.	*Full Name of Mother,*	Mary E. Heilman
6.	*Mother's Maiden Name,*	" " Schrininger
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	John Heilman
9.	*Father's Occupation,*	Printer
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N Pappenheim St
	Remarks,	8 9 2 0 0 0 2 8 2 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 10, 92
4. Place of Birth, (Street and Number) ~~#1026 Eutaw St~~ #1026 Eutaw St
5. Full Name of Mother, Harriett Lynn
6. Mother's Maiden Name, Harriett Ross
7. Mother's Birthplace, Kent Island
8. Full Name of Father, Remus Lynn
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Orilla Brooks

Address, 1182 Warner St

Remarks, Doing well.

8 9 2 0 0 0 3 8 2 7

register of such birth, and shall enter the same on a blank furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 40793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 15 1892

CITY OF BALTIMORE

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 11 - 1892
4.	*Place of Birth, (Street and Number)*	1136 Battery ave
5.	*Full Name of Mother,*	Emma D. Stevens
6.	*Mother's Maiden Name,*	" " Thomas
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	John Stevens
9.	*Father's Occupation,*	Horse Grainer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Thurber Avola M.D.
	Address,	914 Charles st
	Remarks,	18920002828

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 11th 1892
4.	*Place of Birth, (Street and Number)*	815 West Mulberry St
5.	*Full Name of Mother,*	Annie Louisa Bittinger
6.	*Mother's Maiden Name,*	" " Kuckman
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Henry J. Brown
9.	*Father's Occupation,*	Horse for Balto. Transfer Co
10.	*Father's Birthplace,*	Carroll County Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs. L. Hunter
	Address,	23 N Poppleton St
	Remarks,	8 9 2 0 0 0 2 8 2 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 40795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1892
4. Place of Birth, (Street and Number) 2409 York Road
5. Full Name of Mother, Emma C. Rossing
6. Mother's Maiden Name, Emma C. Fisher
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry A. Rossing
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. Gratton

Address, 1300 E. Eutaw Ave

Remarks, 1892000 2830

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 18 1892

CITY OF BALTIMORE

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 12 - 1892
4.	*Place of Birth, (Street and Number)*	1706 Greenmount-ave
5.	*Full Name of Mother,*	Julia Law Ruble
6.	*Mother's Maiden Name,*	Germany
7.	*Mother's Birthplace,*	George D. Law
8.	*Full Name of Father,*	Restaurant Keeper
9.	*Father's Occupation,*	Baltimore
10.	*Father's Birthplace,*	Thurdon Carter M.D.
	Name of Medical Attendant, or other person who makes this Return,	911 N. Charles st.
	Address,	
	Remarks,	6920002831

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 19 1897

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	July 13.
4. Place of Birth, (Street and Number)	1504 Bank st
5. Full Name of Mother,	Lucy Saphronia Vodery
6. Mother's Maiden Name,	Lucy S. Hearkins
7. Mother's Birthplace,	Lynchburg Va.
8. Full Name of Father,	Chadelin Fremont Vodery
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Susan Cooper
Address,	123 N. Durham st.
Remarks,	8920002832

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1892
4. Place of Birth, (Street and Number) 2819 Lancaster St
5. Full Name of Mother, Elisebeth Beaton
6. Mother's Maiden Name, " Lyle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jamd Beaton
9. Father's Occupation L. Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 1892 Old Bible 303

Remarks,

Health. This schedule shall contain a list of the births which have occurred in the family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

FILM

RETURN OF A BIRTH.

A 40799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday Aug 13th 1892
4. Place of Birth, (Street and Number) Balto H 822 West Pratt st
5. Full Name of Mother, Cathrin Deegan
6. Mother's Maiden Name, Cathrin Pehrdurgast
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm P Deegan
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, Louis Hunter

Address, 23 N Poppleton St

Remarks, 18920002834

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40800

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, state of births at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 13th 1892
4. *Place of Birth (Street and Number)*	413 S. Sharp St.
5. *Full Name of Mother*	Mary L. Leonard
6. *Mother's Maiden Name*	Mary L. Emmon
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	John Leonard
9. *Father's Occupation*	Bridge Builder
10. *Father's Birthplace*	Manchester Virginia
Name of Medical Attendant, or other Person who makes this Return	E. Jnicheaux M.D.
Address	326 S. Sharp St.
Remarks	

8920002835

RETURN OF A BIRTH. A 40801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 13 - 1892
4. *Place of Birth, (Street and Number)*	626 N. Lee
5. *Full Name of Mother,*	Lucy M. Birkhead
6. *Mother's Maiden Name,*	" " Whalley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm R. Birkhead
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Sheridan Cooke M.D.
Address,	914 N Charles
Remarks,	8920002836

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40807

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13- 92
4. Place of Birth (Street and Number)	918 N. Stricker
5. Full Name of Mother	Susan Hunt Thomas
6. Mother's Maiden Name	Susan Hunt Clark
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Lemuel Thomas
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. Boyd Mylie M. D.
Address	619 N. Calhoun St. Baltimore Md -
Remarks	

18

1 8 9 2 0 0 0 2 8 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	July 14 1892
4.	*Place of Birth, (Street and Number)*	919 W. Lexington St.
5.	*Full Name of Mother,*	Emma B. Shaw
6.	*Mother's Maiden Name,*	Emma B. Rochner
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	Martin H. Shaw
9.	*Father's Occupation,*	Machinist,
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Susan J. Hunton
	Address,	23 N Poppleton St
	Remarks,	8920002838

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A. 40802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 14th 1892
4. Place of Birth, (Street and Number)	2413 Lancaster st
5. Full Name of Mother,	Mary Madsen
6. Mother's Maiden Name,	Ensor
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George H Madsen
9. Father's Occupation,	Railroader
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Sarah P Harrington
Address,	924 Bonner st
Remarks,	1892 00 2839

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A. 10805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15th 1900
4. *Place of Birth, (Street and Number)* 818 Burgundy Alley
5. *Full Name of Mother,* Alice Clark
6. *Mother's Maiden Name,* Alice Melvin
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* John C Clark
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Berlin Md

Name of Medical Attendant, or other person who makes this Return, Hollyday Oliver

Address, 1892 Druid Hill Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the full name and occupation of its parents, the date and place of birth, and the color, the full name and the practitioner in the form of an affidavit. In case the birth of any child been conferred) its sex, color, the full name and the practitioner in the form of an affidavit. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health, or should no other person of such month to the office of the practitioner of midwifery, or should no other person of such third day of each and every month to the office of the practitioner of midwifery, or should no other person of such day of each and every month to the office of the person or parents of such attendance of a physician or midwife, if such shall become the duty of the person or parents of such shall occur without the aforesaid, if shall become the duty of the person or parents of such immediately thereafter, in the manner and within the period above required, and attendance upon the mother immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the penalties of this section shall be subject to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-40806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family of the person making the return, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15 July 1892
4. *Place of Birth, (Street and Number)*	404 n Broadway
5. *Full Name of Mother,*	Lizzie Werner
6. *Mother's Maiden Name,*	Lizzie Lenhardt
7. *Mother's Birthplace,*	~~Johns Werner~~ Baltimore
8. *Full Name of Father,*	John Werner
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Henry Walter
Address,	424 n Bond St
Remarks,	8920002841

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15/92
4. Place of Birth, (Street and Number) 831 North Dallas St
5. Full Name of Mother, Annie M. Howe
6. Mother's Maiden Name, Annie M. Wilson
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Thomas Howe
9. Father's Occupation, Fireman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, H. Bashiere Jr. M.D.

Address, 700 S. Broadway

Remarks, Born July 15 5 A.M.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1 8½

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) W.

2. Race or Color, (if not of the white race) Dec 16 1879

3. Date of Birth, 1761 Gorsuch

4. Place of Birth, (Street and Number) Emma C. Burke

5. Full Name of Mother, " " McDonald

6. Mother's Maiden Name, B. C.

7. Mother's Birthplace, Bernard C. Burke

8. Full Name of Father, Electrician

9. Father's Occupation, B. C.

10. Father's Birthplace, Geo. L. Tilton

Name of Medical Attendant, or other person who makes this Return, 226 S. Broadway

Address,

Remarks, 8 9 2 0 0 0 2 8 4 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1892
4. Place of Birth, (Street and Number) 930 S. Charles St
5. Full Name of Mother, Ellen Kupprecht
6. Mother's Maiden Name, " " Schuemann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry John Kupprecht
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Gumbel M.D

Address, 128 W. Lee St

Remarks,

1 8 9 2 0 0 0 2 8 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 40810.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, William Allen Rühl 4 lbs.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, July 16 1900
4. Place of Birth, (Street and Number) 128 E. Preston
5. Full Name of Mother, Henriette C. H. Rühl
6. Mother's Maiden Name, " " " Schulz
7. Mother's Birthplace, B. C.
8. Full Name of Father, Henry Rühl
9. Father's Occupation, Flour Merchant
10. Father's Birthplace, Ger.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wellings

Address, 226 E. Preston

Remarks, 8920002845

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40811

GIVEN NAME ADDED 8-9-56

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Anna ~~Virginia~~ Richardson

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1.	Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	July 17 - 1892
4.	Place of Birth, (Street and Number)	634 W. Lee St.
5.	Full Name of Mother,	Jessie Richardson
6.	Mother's Maiden Name,	" Love
7.	Mother's Birthplace,	Talbott Co, Md.
8.	Full Name of Father,	Francis O. Richardson
9.	Father's Occupation,	Car builder
10.	Father's Birthplace,	A. A. Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	Thurdon Cooke M.D.
	Address,	914 N. Charles St. "
	Remarks,	8920002846

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 1891
4. Place of Birth, (Street and Number) 319 Fremont Ave (rear)
5. Full Name of Mother, Mary Ann Evans
6. Mother's Maiden Name, Mary Ann Pemberton
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Henry L Evans
9. Father's Occupation, Clerk
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Edwin Lee

Address,

Remarks, 1892000 2584 Primary

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, July 17th 1892
4. *Place of Birth*, (*Street and Number*) No 26 Lexington St
5. *Full Name of Mother*, Catherine Galavan
6. *Mother's Maiden Name*, Catherine Watson
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, James Galway
9. *Father's Occupation*, Labour
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920002848

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st July 1892
4. Place of Birth, (Street and Number) 1811 Watson St
5. Full Name of Mother, Marie Schinsky
6. Mother's Maiden Name, Shenkes
7. Mother's Birthplace, Russia
8. Full Name of Father, Vincent Solinsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St.

Remarks, 8 9 2 U 0 0 2 8 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered daily at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report it within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st. July 1892
4. Place of Birth, (Street and Number) 39 Laid St.
5. Full Name of Mother, Fannie Kapsew Friedman
6. Mother's Maiden Name, Russia
7. Mother's Birthplace, Moses Kapsew
8. Full Name of Father, Embroider
9. Father's Occupation, Russia
10. Father's Birthplace, E. Scherman

Name of Medical Attendant, or other person who makes this Return,

Address, 42 Albemarle St.

Remarks, 1892000 2850

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40816.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st July 1892
4. *Place of Birth, (Street and Number)* 28 Albemarle St
5. *Full Name of Mother,* Sarah Sigalof Baskin
6. *Mother's Maiden Name,* Russia
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Sigalof Baskin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. E. Schermer

Address, 42 Albemarle St.

Remarks, + 8920002851

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-14-52

RETURN OF A BIRTH. A 40817

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Name: Sarah Levy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd July 1892.
4. Place of Birth, (Street and Number) 1143 E. Pratt St Calvert St
5. Full Name of Mother, Annie Levy
6. Mother's Maiden Name, Finkelstein.
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Levy.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, O. Schaumberg

Address, 42 Albemarle St.

Remarks, 8920002852

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-18-59

40878.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Cohen 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3d July 1892
4. Place of Birth, (Street and Number) 107 Aliceanna St.
5. Full Name of Mother, Jennie Cohen
6. Mother's Maiden Name, Singer
7. Mother's Birthplace. Russia
8. Full Name of Father, Isaac Cohen
9. Father's Occupation, Cedar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Aliceanna St.

Remarks, 8920002853

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 July 1892
4. *Place of Birth, (Street and Number)* 1111 Watson Pl
5. *Full Name of Mother,* Jennie Richter
6. *Mother's Maiden Name,* Levy
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewis Richter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Allendale St

Remarks, 8920002854

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the number and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 40820.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 July 1892
4. *Place of Birth, (Street and Number)* 104 Concord St.
5. *Full Name of Mother,* Mary Kauffman
6. *Mother's Maiden Name,* Mary Smit
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael J. Kauffm
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St.

Remarks,

1892000 2855

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner with the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kind

1. Sex, (state whether male or female) Knabe

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, 7 Juli

4. Place of Birth, (Street and Number) Karolin St. 901

5. Full Name of Mother, Sofie Mardas

6. Mother's Maiden Name, Sofie Lišek ~~Josef Mardas~~

7. Mother's Birthplace, Prag

8. Full Name of Father, Josef Mardas

9. Father's Occupation, Arbajtr

10. Father's Birthplace, Prag

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address, S. Bond St. 838

Remarks,

1892 U 0002856

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

10822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Kinder

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth. 8 Juli

4. Place of Birth, (Street and Number) S. Bond str. 611

5. Full Name of Mother, Marie Mackoviek

6. Mother's Maiden Name, Marie Vjuskovská

7. Mother's Birthplace, Prag

8. Full Name of Father, Michall Mackoviek

9. Father's Occupation, Arbajtr

10. Father's Birthplace, Prag

Name of Medical Attendant, or other person who makes this Return, Dr. Bell

Address, S. Bond str. 838

Remarks, 8 9 2 0 0 0 2 8 5 7

Wm J C. Dulany Co., City Printers and Stationers.

...its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and subscribed as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40823.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kindr.

1. Sex, (state whether male or female) Dtr.
2. Race or Color, (if not of the white race) Mais
3. Date of Birth, ~~Feb~~ 9 Juli
4. Place of Birth, (Street and Number) Bank str. 2120
5. Full Name of Mother, Maggie Isaak
6. Mother's Maiden Name, Mag. Herman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Isaak
9. Father's Occupation, Plater
10. Father's Birthplace, Richmond

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address, N. Bond str. 838

Remarks,

8 9 2 0 0 0 2 8 5 8

Wm J C. Dulany Co., City Printers and Stationers.

a parents, the date and place of birth; and the
full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the

RETURN OF A BIRTH. A 40824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 July 1892
4. *Place of Birth, (Street and Number)* 384 Bright Av.
5. *Full Name of Mother,* Eda Shiller
6. *Mother's Maiden Name,* Lapera
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Shiller
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Schermann

Address, 42 Allamanke St.

Remarks,

8920002859

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 July, 1892

4. Place of Birth, (Street and Number) 28 Albemarle St.

5. Full Name of Mother, Annie Swartz

6. Mother's Maiden Name, Russin

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Swartz

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H Ackerman

Address, 42 Albemarle St.

Remarks,

1892 0002860

Wm J C. Dulany Co., City Printers and Stationers.

A 40826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Kind

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 11 July

4. Place of Birth, (Street and Number) S. Bond Str. 852

5. Full Name of Mother, Marie Fontrap

6. Mother's Maiden Name, Marie Hostman

7. Mother's Birthplace, Pajchland

8. Full Name of Father, Fredy Fontrap

9. Father's Occupation, Beer Salon

10. Father's Birthplace, Hannover

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address, S. Bond str. 838

Remarks, 1892 0 0 0 2 8 6 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Kindr

1. Sex, (state whether male or female) Medchen
2. Race or Color, (if not of the white race) Neger
3. Date of Birth, 13 Juli
4. Place of Birth, (Street and Number) Dallas st. 835
5. Full Name of Mother, Margie Longwith
6. Mother's Maiden Name, Maggie Bollinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Longwith
9. Father's Occupation, Arbeiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Pretl

Address, S. Bond st.

Remarks, 8920002862

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons present at the birth, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 15 day July 1892
4. *Place of Birth, (Street and Number)*	1103 Central Ave.
5. *Full Name of Mother,*	Mary Foster.
6. *Mother's Maiden Name,*	Lady Symmes.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	August Foster
9. *Father's Occupation,*	Coffee Roaster
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Chas Christian Lantz
Address,	1159 Harford Ave Baltimore Md
Remarks,	City.

1 8 9 2 0 0 0 2 8 6 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth person be in third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, immediately thereafter it shall become the duty of such person of midwifery, or should no other person of midwifery, or should no other persons of such shall occur without the attendance of a physician or practitioner of midwifery, and attendance upon the mother, immediately thereafter it shall become the duty of such person of midwifery, or should no other persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

40879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1892
4. Place of Birth, (Street and Number) 1404 Olive St
5. Full Name of Mother, adeline virginia Lewis
6. Mother's Maiden Name, adeline v. kirwin
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, John W. Lewis
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return Ellenora a. anderson

Address, 1434 Patapsco St

Remarks,

8923000236 4

...mouth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 July
4. *Place of Birth, (Street and Number)*	Poppleton 66 South 405
5. *Full Name of Mother,*	Ellar Cecily Bean
6. *Mother's Maiden Name,*	Ellar Cecily Fitz Simons
7. *Mother's Birthplace,*	London England
8. *Full Name of Father,*	William Oliver Bean
9. *Father's Occupation,*	Machine Carpenter
10. *Father's Birthplace,*	St Inigoes St Marys Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Catherine Cross
Address,	409 & 409 ½ Poppleton Street
Remarks,	Baltimore Md

6 9 2 U 0 0 2 8 6 5

Wm J C. Dulany Co., City Printers and Stationers.

...ous parents, the date and place of birth; and the ...ion, and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case no other person be in ...shall occur without the mother, immediately thereafter it shall be the duty of the person above required, and ...attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be sub- ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16 - 1892
4. *Place of Birth, (Street and Number)* No. 1416 N. Eden Street
5. *Full Name of Mother,* Mrs. Susie Wallace
6. *Mother's Maiden Name,* Miss Susie Kent
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* Mr. Lewis M. Wallace
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendiner, M.D.

Address, 201 N. Broadway

Remarks,

8920002866

month, and shall set forth as far as the same can be ascertained the full name of each child of any such wife born within the month, the sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the occupation of the practitioner, if one has been employed, and shall be verified by the oath or affirmation of the person or parents of such child. The form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 July 1892
4. Place of Birth, (Street and Number) 116 Albemarle St.
5. Full Name of Mother, Rebecca Schneider
6. Mother's Maiden Name, Margulies
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Schneider
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Albemarle St.

Remarks,

8 9 2 0 0 0 2 8 6 7

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19, 1892
4. Place of Birth, (Street and Number) No. 2528 East Baltimore St.
5. Full Name of Mother, Mrs. Ida Norris Hughes
6. Mother's Maiden Name, Miss Ida N. Sanner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. George Milton Hughes
9. Father's Occupation, Manager Domestic Sewing Machine Co.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Cleandinen, M.D.

Address, 201 North Broadway

Remarks,

8920002868

month, and shall set forth as far as the same can be ascertained the full name of each child; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or ~~midwife~~ midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 4 — 92
4. Place of Birth, (Street and Number)	402 E. Gross
5. Full Name of Mother,	Matilde Wiedek Milke
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Wiedek
9. Father's Occupation,	Storekeeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasek midwife
Address,	1032 Hanover st.
Remarks,	

1 8 9 2 0 0 0 2 8 6 9

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth: and the occupation of its parents, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 9 — 1892

4. Place of Birth, (Street and Number) 1048 James alley

5. Full Name of Mother, Clara Young

6. Mother's Maiden Name, Schroeder

7. Mother's Birthplace, America

8. Full Name of Father, Charles Young

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Lohwasser midwife

Address, 1032 Hanover st

Remarks,

1 8 9 2 0 0 0 2 8 7 0

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 5

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) whit.
3. *Date of Birth*, 10 July.
4. *Place of Birth*, (*Street and Number*) Hill st. 1404.
5. *Full Name of Mother*, Jenny Smith
6. *Mother's Maiden Name*, Gresett.
7. *Mother's Birthplace*, England.
8. *Full Name of Father*, John Smith.
9. *Father's Occupation*, Laboar
10. *Father's Birthplace*, England.

Name of Medical Attendant, or other person who makes this Return, Catherine Mahan.

Address, Beason st. 1421 Locus Point.

Remarks,

8920002871

Wm J C. Dulany Co., City Printers and Stationers.

...the parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its p... said schedule shall be delivered, duly signed by the practitioner in the ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner of ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 92
4. Place of Birth, (Street and Number) 1216 N. Gay St
5. Full Name of Mother, Annie Rochester
6. Mother's Maiden Name, Annie King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Rochester
9. Father's Occupation, Carriage Dealer
10. Father's Birthplace, Charleston S. C.

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, 1242 N. Broadway

Remarks, Instrumental delivery.

1892 0002872

month, and shall set forth as far as the same can be ascertained the full name of each child, the day and hour of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-18-52

40838.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) George Woodward Bennett

1. Sex, (state whether male or female) II

2. Race or Color, (if not of the white race) Male

3. Date of Birth, July 12. 92

4. Place of Birth, (Street and Number) 122 S. Bond St.

5. Full Name of Mother, Mrs. Mary Woodward Bennett

6. Mother's Maiden Name, Miss " Woodward

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Joseph Owens Bennett

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Hamptown, Pikesville, Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. G. Rust M. D.

Address, 120 S Bond St.

Remarks, Home delivery

8920002873

Wm J C. Dulany Co., City Printers and Stationers.

...r its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioners of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner-of-midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 July
4. Place of Birth, (Street and Number) Lisle St. 1308
5. Full Name of Mother, Lizzie L Jeffries
6. Mother's Maiden Name, " " Coleman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W. S. Jeffries
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eva Virginia Mason

Address, Beason st. 1421 Locus Point

Remarks,

8920002874

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in t
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 70840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 14 th 1892
4. *Place of Birth, (Street and Number)*	1148 Hanover st
5. *Full Name of Mother,*	Helena Ziegler
6. *Mother's Maiden Name,*	Stack
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Ziegler
9. *Father's Occupation,*	Iron Imbuilder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwarzer Midwife
Address,	1032 Hanover st.
Remarks,	

8920002875

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 14th 1892
4. *Place of Birth, (Street and Number)* 250 Read st.
5. *Full Name of Mother,* Mary A. Stevens,
6. *Mother's Maiden Name,* Mary A. Wright
7. *Mother's Birthplace,* Appomattox Co., Va.
8. *Full Name of Father,* Silas Stevens,
9. *Father's Occupation,* Porcelain Maker.
10. *Father's Birthplace,* Appomattox Co., Va.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson,

Address, 1024 Park ave

Remarks,

8 9 2 0 0 0 2 8 7 5

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner in the form of a certificate the birth of any child third day of each and attendance of a physician or practitioner it shall become the duty of the person required, and shall occur without the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Paul Leinweber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 July

4. Place of Birth, (Street and Number) Andre St. 1445

5. Full Name of Mother, Anna Kath. Leinweber

6. Mother's Maiden Name, " " Bürger

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Leinweber

9. Father's Occupation, Laboar

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Katharine Mufran.

Address, Beason st 1421 Locus Point.

Remarks,

+ 8920002877

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any court of competent jurisdiction. Other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 19 / 92
4. Place of Birth, (Street and Number) 238 Deegans Alley
5. Full Name of Mother, Annie J. McKeever
6. Mother's Maiden Name, " " Hogan
7. Mother's Birthplace, D C
8. Full Name of Father, Frank P. McKeever
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Nicklaus M.D.

Address, 226 S. Broadway

Remarks,

+ 8920002878

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

NOTICE. The following shall contain a list of the Surnames and Christian names of the parents of each child, (if any shall have been ascertained the same can be ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 19th 1892
4. Place of Birth, (Street and Number) 422 n Gilmor st
5. Full Name of Mother, Georgie Gray
6. Mother's Maiden Name, Georgie Hawkins
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Gray
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore co Md

Name of Medical Attendant, or other person who makes this Return. J. W. Wright M.D.

Address, N.E. Cor Carey & Fayette sts

Remarks, formerly 220 n Gilmor st

1892000 2079

Sec. 4. This shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been given it, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DILLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 19th 1892
4. Place of Birth, (Street and Number) 314 College Place
5. Full Name of Mother, Mary Kann
6. Mother's Maiden Name, Mary McCarthy
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Wm Kann
9. Father's Occupation, Brickmoulder
10. Father's Birthplace, Annapolis, Md

Name of Medical Attendant, or other person who makes this Return. E. A. Muñoz M.D.

Address, 1725 Guilford Ave

Remarks,

1892000026000

Health. This schedule shall contain a list of the births which occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. MILLER & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A40846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full [illegible] of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 92
4. Place of Birth, (Street and Number) 1704 Pontiac St
5. Full Name of Mother, Mary V. McCulloh
6. Mother's Maiden Name, Mary V. McCaffrey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James A McCulloh
9. Father's Occupation, ~~Baltimore~~ Salesman
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Wm Wright M.D.

Address, N.E. cor Carey & Fayette Sts

Remarks, Formerly 220 N Gilmor st

8 9 2 0 0 0 2 0 8 1

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 140847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July
4. *Place of Birth, (Street and Number)* 1426 N Mount St
5. *Full Name of Mother,* Nannie Powell Sledge
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Orlando G Powell
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return, M K Warren MD

Address, 901 N Stricker St

Remarks,

8920002882

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

SAFETY FILM

RETURN OF A BIRTH A 40848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), white

3. Date of Birth, 8th July

4. Place of Birth (Street and Number), 1714 Hanover St

5. Full Name of Mother, Sophia A Stout

6. Mother's Maiden Name, " " Grinder

7. Mother's Birthplace, Md

8. Full Name of Father, Albert Chapin Stout

9. Father's Occupation, Merchant

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. W. H. Cann

Address 413 Lafayette St

Remarks,

1 8 9 2 0 0 0 2 8 8 3

and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40849.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 9th 1892
4.	*Place of Birth, (Street and Number)*	902 N Gilmor St
5.	*Full Name of Mother,*	Charlotte A Tickner
6.	*Mother's Maiden Name,*	Charlotte A Bewley
7.	*Mother's Birthplace,*	Carroll Co Md
8.	*Full Name of Father,*	Wm J Tickner
9.	*Father's Occupation,*	Undertaker
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Mrs Warren M.D.
	Address,	901 N Stricker
	Remarks,	

8920002884

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or some member of the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male
1. Sex (state whether male or female),	Colored
2. Race or Color (if not of the white race),	July 10th 1892
3. Date of Birth,	# 926 Woodyear st
4. Place of Birth (Street and Number),	Mary A. Bailey
5. Full Name of Mother,	Mary A. Brinder
6. Mother's Maiden Name,	Pennsylvania
7. Mother's Birthplace,	James H. Bailey
8. Full Name of Father,	Trainer
9. Father's Occupation,	Balto.
10. Father's Birthplace,	Mrs Fannie Walker
Name of Medical Attendant, or other person who makes this Return.	# 923 Whalcoat st.
Address,	
Remarks,	

8920

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed,) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or person in attendance upon the birth to the attendance immediately thereafter it shall become the duty of the mother, Immediately thereafter, to report its birth to the Commissioner of Health, in the manner and upon the forms required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Jany
4. *Place of Birth, (Street and Number)* 14 Albemarle street
5. *Full Name of Mother,* Theresa Schmall
6. *Mother's Maiden Name,* Theresa Schwartz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jore Schmall
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond

Remarks,

8 9 2 0 0 0 2 8 8 6

Health. This schedule shall contain a list of the births which have ... under his or her care during the ... month, and shall set forth as far as the same can be ascertained ... the full name of each child, (if any shall have ... been conferred) its sex, color, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner, ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* July 14 92
4. *Place of Birth, (Street and Number)* 1300 West St
5. *Full Name of Mother,* Mary McDonnell Bauer
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* Wm Joseph Bauer
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, J H Kenney M.D.

Address, 2700 - Maryland Ave

Remarks, 1892 0002887

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1892
4. Place of Birth, (Street and Number) 412 N Stricker
5. Full Name of Mother, Ella V. Hudson
6. Mother's Maiden Name, " Moltz
7. Mother's Birthplace, Balto
8. Full Name of Father, John W Hudson
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Wm Warren M.D.

Address, 901 N Stricker St

Remarks, 8920002888

names the full name of each child, if any shall have
of the parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner, to the
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall become the
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offense, to be recovered as

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) English
3. Date of Birth, July 20 1892
4. Place of Birth, (Street and Number) 323 N. Paca St.
5. Full Name of Mother, Mrs. John Joseph Keith
6. Mother's Maiden Name, Mary Martin
7. Mother's Birthplace, Boston
8. Full Name of Father, John Joseph Keith
9. Father's Occupation, Sailor
10. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return. Clarence Nichols M.D.

Address, 323 N. Paca St. Balt.

Remarks, 18920002889

Ascertain the full name of each child, if any shall have been born, the date and place of birth; and the occupation of its parents. The certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. D. SULLAVY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Edward Lovell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male ~~or female~~)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, July 20 '12
4. Place of Birth, (Street and Number) 242 Union Ave, Hampden
5. Full Name of Mother, Florence Smith
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Jno Robt Lovell
8. Full Name of Father, Moulder
9. Father's Occupation, Baltimore Maryland
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 502 N. Broadway

Remarks, Restaurant

8 9 2 0 0 0 2 8 9 0

ister of such birth, and shall contain a list of the births ... the full name of each ... place of birth; and ... alth. This schedule shall contain as far as the same can be ascertained the full name of ... parents, the date and place of birth; and ... ath, and shall set forth as far as the same can be ascertained the full name and occupation of ... parents, the date and place of birth; and ... n conferred) its sex, color, the full name and occupation of ... the form of certificate between the first and ... d schedule shall be delivered, duly signed by the practitioner in ... the Board. In case the birth of any child ... hall occur without the attendance of a physician or practitioner ... or should no other person be in ... ttendance upon the mother, immediately thereafter it shall become the ... the person or parents of such ... hild to report its birth to the Commissioner of Health, in the manner and ... the period above required, and ... y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births [illegible] occurred [illegible] or in case such child, (if any shall have been conferred) its sex, color, the full name and occupation of its [illegible] the full name, the age and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 & child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2/ Govt
4. *Place of Birth, (Street and Number)*	210 Fenian st
5. *Full Name of Mother,*	Gittie Cook
6. *Mother's Maiden Name,*	Isaac Lessinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Howard Cook
9. *Father's Occupation,*	Grocies and provisions
10. *Father's Birthplace,*	United States
Name of Medical Attendant, or other person who makes this Return.	Mrs Lawley
Address,	1635 Wilkens ave
Remarks,	8 [illegible] 0 0 2 8 9 1

[illegible] & S. SHLAW & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) American
3. Date of Birth, July 21st
4. Place of Birth, (Street and Number) 1418 N Charles st
5. Full Name of Mother, Mary M Caughey
6. Mother's Maiden Name, Mary M Pyle
7. Mother's Birthplace, Pylesville Harford Co md
8. Full Name of Father, Chas K Caughey
9. Father's Occupation, Electrician
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, W Lee Howard M.D.

Address, 1126 N. Calvert St

Remarks, 6 9 2 0 0 0 2 8 9 2

of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or the petitioner, attendance upon the mother, immediately thereafter, it shall be the child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered to the use of the City, by any other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 4th 1892
4. Place of Birth, (Street and Number) 509 N. Preston St.
5. Full Name of Mother, Mrs Lottie Butler
6. Mother's Maiden Name, Lottie Thompson
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Robert Butler
9. Father's Occupation, Farmer
10. Father's Birthplace, Elkridge Howard County

Name of Medical Attendant, or other person who makes this Return. Hester Courtance

Address, 509 N. Preston St.

Remarks, 8920002893

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 5th 1892
4. *Place of Birth, (Street and Number)* 717 Fessier St.
5. *Full Name of Mother,* Mrs Estella Bradford
6. *Mother's Maiden Name,* Estella Curtis
7. *Mother's Birthplace,* Baltimore City Maryland
8. *Full Name of Father,* Benjamin Bradford
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Hattie Cookhance

Address, 509 N. Preston St.

Remarks, 8920002894

Health. This certificate shall be made as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

GEO. J. C DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 1892

4. Place of Birth, (Street and Number) 820 N Durham st.

5. Full Name of Mother, Sofie Reedel

6. Mother's Maiden Name, Bohieman

7. Mother's Birthplace, Frank Reedel

8. Full Name of Father, Taylor

9. Father's Occupation, Bohieman

10. Father's Birthplace, Mearff K Potts

Name of Medical Attendant, or other person who makes this Return

Address, 205 N Washington Ave

Remarks, 8920002895

JUL 23

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of a certificate between the first and said schedule shall and every month to the office of the Commissioner of Health, or should no other person be in third day of each and the attendance of a physician or practitioner in the case the birth person of any child shall occur without the mother, immediately thereafter it shall be the duty of the person or parents of such attendance upon the mother, immediately of Health, in the manner and within the period above required, and child to report its birth to the Commissioner thereafter it shall become the duty of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 40861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	July 7th 1892
4. *Place of Birth, (Street and Number)*	49. W. West st
5. *Full Name of Mother,*	Maria Jackson
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Talbot county Md
8. *Full Name of Father,*	Henry Jackson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Caroline Moore
Address,	49. W. West st Balto
Remarks,	8920002896

month, and shall set forth as far as the same can be ascertained the name and place of birth, and the name, sex, color, the full name and occupation of the parents, the date and place of birth, and the number of children born to the mother, and the date and place of birth of each child born to her, and whether the child was born in wedlock or not, and the date of the marriage of the parents, if married, and the number of children born to the mother now living, and the number born to her that are dead, and the date of the death of each child that has been deceased

A 40862

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	July 8th 1892
4. *Place of Birth, (Street and Number)*	8 W. West st
5. *Full Name of Mother,*	Sarah Cornish Gaines
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Cornish Schucker
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Dorchester Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	49 W. West st Balto.
Remarks,	8920002897

...the Name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child said day of each and every month to the office of the Commissioner of Health, by the person or parents of such third day of each and every month to the office of the Commissioner of Health, by the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ELI J. C. KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 70863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 1892
4. Place of Birth, (Street and Number) No 21 N Bradford st.
5. Full Name of Mother, Mary Meiller
6. Mother's Maiden Name, Geamen
7. Mother's Birthplace, Joseph Meiller
8. Full Name of Father, Carpenter
9. Father's Occupation, Germen
10. Father's Birthplace, Mary Koptis

Name of Medical Attendant, or other person who makes this Return,

Address, 205 N Washington ave

Remarks, 8 9 2 0 0 0 2 8 9 8

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become, within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18th 1892.
4. Place of Birth, (Street and Number) 1906 Biddle st
5. Full Name of Mother, Louisie Potzes
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Henry Potzes
9. Father's Occupation, Tylor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Mary K Ellis

Address, 905 N° Washington St

Remarks, 8920002899

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H0805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 11th '92.
4. *Place of Birth, (Street and Number)*	1111 E Lombard St
5. *Full Name of Mother,*	Carrie Matusewicz
6. *Mother's Maiden Name,*	Dorzd
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Anton Matusewicz
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turnt
Address,	198 E. Eden St
Remarks,	8 9 2 0 0 0 2 9 0 0

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

888. J. C. CULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 13 99
4. *Place of Birth, (Street and Number)*	2222 Jefferson Place
5. *Full Name of Mother,*	Mary Davis
6. *Mother's Maiden Name,*	Johnson
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Thos. Davis
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Wm A B Tillman MD, J E Biddle Jr.
Address,	
Remarks,	8920002901

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

The Mother, the Physician or Midwife in attendance, the Householder, or the Undertaker shall report to the Registrar of Vital Statistics the full name of each child, (if any shall have been born), and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 40867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16

4. Place of Birth, (Street and Number) 1829 W. Broadway

5. Full Name of Mother, Mary C. Smith

6. Mother's Maiden Name, Mary C. Herr

7. Mother's Birthplace, City

8. Full Name of Father, — Smith

9. Father's Occupation, Wont Know

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. A. T. Riley

Address, 1501 E. Monument

Remarks, 8920002902

The full name of each child, if any shall have been determined upon at the date of the return, must be given, and in case the child has not been named at that time, a return must be made as soon thereafter as the same can be ascertained. The full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the person making the return, and the date of the same, must be stated in the certificate of birth, which certificate shall be made out by the person in charge of the case, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 40868.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1892
4. Place of Birth, (Street and Number) 115 N Madera st
5. Full Name of Mother, Lizzie Paterson
6. Mother's Maiden Name, Gegmen
7. Mother's Birthplace, Joseph Paterson
8. Full Name of Father, Bricklayer
9. Father's Occupation, Germany
10. Father's Birthplace, Mary Kortis
    Name of Medical Attendant, or other person who makes this Return, 205 N Washington st
    Address,
    Remarks, 8920002903

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1892
4. Place of Birth, (Street and Number) 222 Edger Place
5. Full Name of Mother, Lizzie Sacho
6. Mother's Maiden Name, Gearhead
7. Mother's Birthplace, Frank Sacho
8. Full Name of Father, Carpenter
9. Father's Occupation, Germer
10. Father's Birthplace, Henry Kaftis

Name of Medical Attendant, or other person who makes this Return, 285 N Washington st

Address,

Remarks, 8 9 2 0 0 0 2 9 0 4

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	18 months July
4. Place of Birth, (Street and Number)	Hamburg near William
5. Full Name of Mother,	Annie Clarmons
6. Mother's Maiden Name,	Annie Macdalel
7. Mother's Birthplace,	born Irland
8. Full Name of Father,	Walter Casmons
9. Father's Occupation,	Rolling Water
10. Father's Birthplace,	north Colona
Name of Medical Attendant, or other person who makes this Return.	Ernie C Smith
Address,	
Remarks,	8920002905

[illegible] Child is to be registered as far as the same can be ascertained, the full name of each child, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1892 BALTIMORE

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18th
4. *Place of Birth, (Street and Number)*	721 E. Balto. st.
5. *Full Name of Mother,*	Mary Hoecker
6. *Mother's Maiden Name,*	Jon Keine
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Ernest Hoecker
9. *Father's Occupation,*	Hatter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	L. L. Biddenbach
Address,	418 S. Paca st.
Remarks,	8920002906

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each and every instance of a physician or practitioner of midwifery, or should no or parents of such shall occur without the attendance of a physician or practitioner of midwifery, in the case the other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	July 17/ 07
4.	*Place of Birth, (Street and Number)*	1213 Hanover St.
5.	*Full Name of Mother,*	Katie Walker
6.	*Mother's Maiden Name,*	" McCarty.
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	Douglas Walker
9.	*Father's Occupation,*	Glassblower
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jones
	Address,	No 1208 S Charles St.
	Remarks,	8 9 3 0 0 0 2 2/9 0 7

...ascertained the full name of each child, (if any shall have ...same can be ascertained so far as the same can be ascertained the full name of each child, (if any shall have ...of its parents, the date and place of birth; and the ...certificate between the first and ...case the birth of any child ...person or parents of such ...period above required, and ...section shall be sub- ...provisions of this section are recoverable ...fines and forfeitures ...dollars for each offense, to be recovered ...ten (10) dollars for each offense, to be recovered ...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred; duly signed by the practicing physician or midwife in attendance, or if there be none, by the father or mother of the child, or householder, in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the person or parents of such ...to the office of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered ...

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18th 1892.
4. Place of Birth, (Street and Number) Port st No 126
5. Full Name of Mother, Mary Pines
6. Mother's Maiden Name, Baheiman
7. Mother's Birthplace, Frank Pines
8. Full Name of Father, Brickslayer
9. Father's Occupation, Baheiman
10. Father's Birthplace, Mary Baptis

Name of Medical Attendant, or other person who makes this Return,

Address, 205 N Washington ave

Remarks, 8 9 2 0 0 0 2 9 0 8

Wm J C. Dulany Co., City Printers and Stationers.

...cipation of ... parents, the date and place of birth; and the ... been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter, it ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. A 40854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, July 19 1899.
4. Place of Birth, (Street and Number) 1318 West Pratt street
5. Full Name of Mother, Mary D. Shanahan
6. Mother's Maiden Name, Mary D. Shearman
7. Mother's Birthplace, Baltimor Maryland
8. Full Name of Father, James Shanahan
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Wm Thorn

Address, 1310 West Pratt street

Remarks, 8920002909

...he ascertained the full name of each child, (if any shall have ... month, and shall set forth as far as the same can be ascertained ... occupation of the parents, the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter, it shall be ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 19 th 1892.
4. *Place of Birth, (Street and Number)*	938. Philpot st
5. *Full Name of Mother*	Emma Gray
6. *Mother's Maiden Name*	Emma Farbe
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Sam Gray
9. *Father's Occupation*	Fireman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	1726 Eastern Ave
Remarks	8920002910

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SEP 23 1892

RETURN OF A BIRTH.

40876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20th 1892
4. *Place of Birth, (Street and Number)* 1447 Andre st
5. *Full Name of Mother,* Mary Benesi
6. *Mother's Maiden Name,* Boheiman
7. *Mother's Birthplace,* John Benes
8. *Full Name of Father,* Taylor
9. *Father's Occupation,* Bohemian
10. *Father's Birthplace,* Mary Koplas

Name of Medical Attendant, or other person who makes this Return,

Address, 205 N Washington st

Remarks, 8920002911

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1892 BALTIMORE

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	24th July 1st
4. *Place of Birth, (Street and Number)*	670 Bradley
5. *Full Name of Mother,*	Mary J. Jones
6. *Mother's Maiden Name,*	Mary J. Key
7. *Mother's Birthplace,*	Staunton Virginia
8. *Full Name of Father,*	Amos Jones
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Celestial Goodley
Address,	1808 Shields Alley
Remarks,	8920002912

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 10878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21st
4. *Place of Birth, (Street and Number)*	42 S. Green st.
5. *Full Name of Mother,*	Mary Merchant
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Norfolk Va.
8. *Full Name of Father,*	John D. Merchant
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	L. L. Braddenbaugh
Address,	418 S. Paca st.
Remarks,	8920002913

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner in the form of a certificate between the first and third day of each and every thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be recoverable. any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH REGISTERED JUL 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te Female

1. Sex, (state whether male or female) Weiblich
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 ten Julie 1892
4. Place of Birth, (Street and Number) Klaben St N 1430
5. Full Name of Mother, Mari Dewig
6. Mother's Maiden Name, Wilke
7. Mother's Birthplace, Germanien
8. Full Name of Father, Wilhelm Dewig
9. Father's Occupation, Work Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return,

Address, Karoline Schwarz Fort & by N. 434

Remarks, 8920002914

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person live in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. SULSKY CO CITY PRINTERS AND STATIONERS.

A 10880

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21 1892
4. *Place of Birth, (Street and Number)*	1137 N. Carrollton Ave
5. *Full Name of Mother,*	Ivy Ballard
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	West River ~~Baltimore~~ Md
8. *Full Name of Father,*	James L. Ballard
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	A.K. Bond M.D
Address,	Dr McCulloh & Biddle Sts
Remarks,	8920002915

any name shall have been conferred. Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race) weiß
3. Date of Birth, den 21 Juli 1892
4. Place of Birth, (Street and Number) Washington Str No 1012
5. Full Name of Mother, Sallie Rose
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhe Kopn
9. Father's Occupation, Kaufmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Hayer Fidda Str 1933

Remarks, 8 9 2 0 0 0 2 9 1 6

This schedule shall contain a list of the [illegible] name of each child, (if any shall have [illegible] and shall set forth as far as the same can be ascertained of its parents, the full name and [illegible] date and place of birth; and the month, and shall set forth as far as the same can be ascertained of its parents, the full name and [illegible] date and place of birth; and the [illegible] in the form of a certificate between the first and [illegible] conferred) its sex, color, the full name and residence of the Coroner or Health Officer, or should no other person be in [illegible] of midwifery, of the person or parents of such [illegible] same schedule shall be delivered [illegible] to the officer, or practitioner of midwifery, or the person or parents of such [illegible] said day of each and every month to the officer, or practitioner of midwifery, of the person or parents of such [illegible] third day of each and every month to the officer, or practitioner of midwifery, of the person or parents of such [illegible] shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child, within the period above required, such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40882

GIVEN NAME ADDED 9-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Fayssoux Leiper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	F
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	July 22 1892
4. Place of Birth, (Street and Number)	306 Robert St
5. Full Name of Mother,	Mary A Leiper
6. Mother's Maiden Name,	Ashhurst
7. Mother's Birthplace,	Phila
8. Full Name of Father,	Edwards Fayssoux Leiper
9. Father's Occupation,	Ensign U.S. Navy
10. Father's Birthplace,	Chester, Pa
Name of Medical Attendant, or other person who makes this Return.	R. Winslow
Address,	1900 Int Royal Terrace
Remarks,	18920002917

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BI

To the Office of Registrar of Vital Statistics, Board of He

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) C

1. *Sex, (state whether male or female)* ..... M
2. *Race or Color, (if not of the white race)* ..... W
3. *Date of Birth,* ..... July 22
4. *Place of Birth, (Street and Number)* ..... 321 Secon
5. *Full Name of Mother,* ..... Gila Baites
6. *Mother's Maiden Name,* ..... 9 " Gubil
7. *Mother's Birthplace,* ..... Germany
8. *Full Name of Father,* ..... Wm J. Bates
9. *Father's Occupation,* ..... Baker
10. *Father's Birthplace,* ..... Ohio

Name of Medical Attendant, or other person who makes this Return, ... Wm. A. Bates

Address, ... 5 E. Biddle

Remarks, ... 8920002918

...be ascertained the full name of each child. (If any shall ...month, and shall set forth as far as the same can be ascertained ...been conferred) its sex, color, the full name and occupation ...occupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practi... ...third day of each and every month to the office of the Co... ...the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or pr... ...or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it s... ...Her it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in ...alth, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to ...fail to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offense, to be ...t, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. BRADY, CO. CITY, PRINTER AND STATIONER.

RETURN OF A BIRTH.

40884.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Gertrude Helen Mary Vollmer Volume

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22nd, 1892

4. Place of Birth, (Street and Number) 1703 Maryland Ave

5. Full Name of Mother, Emma L. Vollmer

6. Mother's Maiden Name, Emma L. Camp

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Chas. J. Vollmer

9. Father's Occupation, Barber

10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other person who makes this Return, E. A. Muñoz M.D.

Address, 1725 Guilford Ave

Remarks, 8920002919

JUL 25 1892

month, and shall set forth as far as the same can be ascertained the full name of each Child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner and within the period above required, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

40880.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 22 — 1892
4. *Place of Birth, (Street and Number)* 20-29 N. Bond St.
5. *Full Name of Mother,* Jennie Newcomer
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Carrol Co Md
8. *Full Name of Father,* Joseph Chenes
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Indiana

Name of Medical Attendant, or other person who makes this Return. Thos. L. Craig M.D.

Address, Balt. University Hospital 2162 N. Bond St.

Remarks, 8920002920

Health.—This Schedule shall contain the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 40886

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 22nd 1892
4. *Place of Birth, (Street and Number)*	7. north Washington st
5. *Full Name of Mother*	Luise Jubb
6. *Mother's Maiden Name*	Luise Peterson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm. H. Jubb
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Engelhart
Address	1726 Eastern Ave.
Remarks	

1 8 9 2 0 0 0 2 9 2 1

40887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23d 1892
4. *Place of Birth, (Street and Number)*	1024 W. Lexington St.
5. *Full Name of Mother,*	Maggie A. Cunningham
6. *Mother's Maiden Name,*	" " Callan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Cunningham
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return,	Wm. A.B. Sellman M.D.
Address,	5.E. Biddle St.
Remarks,	18920002922

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 10888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 25 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* M & F Twins
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 23rd 92
4. *Place of Birth, (Street and Number)* 815 N Gilmor
5. *Full Name of Mother,* Mary A Drake
6. *Mother's Maiden Name,* Mary A Maiden
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Neil Drake
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J M Hundley

Address, 1062 Edmondson Ave

Remarks, 1 8 9 2 0 0 0 2 9 2 3

month, and shall set forth as far as the same can be been conferred) its sex, color, the full name and occu said schedule shall be delivered, duly signed by the pr third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offense, to

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th July
4. *Place of Birth, (Street and Number)* 1429 Hull St. Baltimore
5. *Full Name of Mother,* Mary Elizabeth Beal
6. *Mother's Maiden Name,* Mary Wheatley
7. *Mother's Birthplace,* St Mary's Co Maryland
8. *Full Name of Father,* George Beal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St Mary's Co Maryland

Name of Medical Attendant, or other person who makes this Return, Anne O Connor

Address, 1112 Haubert St Locust Point

Remarks, 18920002924

Health. This schedule shall contain a list of the births which have occurred within each family, if any shall have occurred, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and if not, the reason why; the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and place of birth of its parents, the date and place of birth; and the occupation of its parents, the color of each parent, and the number of children born to the mother (including the child or children, if any, been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the number in the form of a certificate between the first and last day of each month, which certificate shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such shall occur without the attendance of a physician or practitioner, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, June 13. 1892 8. A. Glock a. m.
4. Place of Birth, (Street and Number) 169. Gross – Str. N 169.
5. Full Name of Mother, Kathi Sauter
6. Mother's Maiden Name, Kathi Schultz Loch
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Sauter
9. Father's Occupation, Pianomaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie Gertrude Renner

Address, 303 Hoffman Str.

Remarks, 1892000 2925

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name, and occupation of its parents, the date and place of birth, first and last residence of the father, and the maiden name of the mother. And occupation of the physician or midwife, if any in attendance. In case there shall be no physician or midwife in attendance, the father or mother of the child shall be required to report the birth of any child to the Commissioner of Health. In case the birth of any be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health, or should no other person of such third day of midwifery, or should no or parents of such shall occur without the attendance of a physician or midwife, the practitioner of midwifery of the person above required, and attendance upon the mother, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health in the manner and within the period above mentioned. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40891.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th Child.
1. Sex (state whether male or female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	July 17th. 1892.
4. Place of Birth (Street and Number)	920 J Duncan Alley.
5. Full Name of Mother	Mrs. Sarah Bennett Shields.
6. Mother's Maiden Name	Mrs. Sarah Shields.
7. Mother's Birthplace	Annapolis.
8. Full Name of Father	Mr. Henry Bennett.
9. Father's Occupation	Laborer.
10. Father's Birthplace	St Marys County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dentia Howard.
Address	712 N Installe Durham St. 10th & Chapel ct
Remarks	

8920002926

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 4089 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday July 18th 1892 - (2:30 PM)
4. Place of Birth, (Street and Number) Old York Road (near Waverly)
5. Full Name of Mother, Mollie Brown
6. Mother's Maiden Name, Mollie Gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred L Brown
9. Father's Occupation, Dentist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elsworth MD

Address, 116 N Eutaw St

Remarks, There is no number to this house and 2 children born at this address

Health. This schedule shall contain a list of the births which occur in each family, and the full name of each child (if any shall have been born) and shall set forth as far as the same can be ascertained, the full name of each child; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been con(cerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 18/92.
4. Place of Birth, (Street and Number) Cedar Lawn near Govanstown
5. Full Name of Mother, Henrietta H. Rowland.
6. Mother's Maiden Name, Henrietta Harrison
7. Mother's Birthplace, Balto.
8. Full Name of Father, Prof. Henry A. Rowland.
9. Father's Occupation, Prof Physics
10. Father's Birthplace, Honesdale Pa.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 905 N. Charles St.

Remarks, 8920002928

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, in the manner and upon the period above required, and shall occur without the attendance of a physician or practitioner of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and subject to the regulations of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions

GEO. J. G. SALADY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 of July

4. Place of Birth, (Street and Number) Kiese & Burns Lumber Yard Matthews Falls ave

5. Full Name of Mother, Anna Pater

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Conrad Matthews

8. Full Name of Father, Timberhandler

9. Father's Occupation Baltimore

10. Father's Birthplace, Asa L Gross

Name of Medical Attendant, or other person who makes this Return,

Address, 1907 E. Monument st

Remarks, 8 9 2 0 0 0 2 9 2 9

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 40895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 July 1892
4. Place of Birth, (Street and Number) 916 Garden alley
5. Full Name of Mother, Alice J Manley
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Manley
9. Father's Occupation, Laborer Worker
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Lizzie Cannick

Address, 255 Canton Valley

Remarks, 1892 0002930

and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40 896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* July 20 1892
4. *Place of Birth, (Street and Number)* Hamburg St. 329
5. *Full Name of Mother,* Mary jane Harris
6. *Mother's Maiden Name,* Mary jane Hughes
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Wm C. Harris
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Taylors island md

Name of Medical Attendant, or other person who makes this Return Mrs Maker

Address, No 11 Yorke St

Remarks, Child C2 Harris

month, and shall set forth as far as the same can be ascer... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practition... third day of each and every month to the office of the Coun... shall occur without the attendance of a Physician or practi... attendance upon the mother, immediately thereafter it shall be... child to report its birth to the Commissioner of Health, in the m... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recover... the full name of each child, if any, shall have ... parents, the date and place of birth; and the ... the form of a certificate between the first and ... er of Health. In case the birth of any child ... actitioner of midwifery, or should no other person be in ... hall become the duty of the person or parents of such ... the manner and within the period above required, and ... comply with the provisions of this section shall be sub... recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

SAFETY FILM

RETURN OF A BIRTH A40897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 25 1892

4. Place of Birth, (Street and Number) 627 Ross

5. Full Name of Mother, Mary E. Ross

6. Mother's Maiden Name, Ballard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas G. Ballard

9. Father's Occupation, Laborer

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Spencer Cook

Address, 612 Cooper alley

Remarks, 1892000293 2 Colly

Health. This Schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 22 nd 1892
4. *Place of Birth, (Street and Number)* 1249 Orleans st
5. *Full Name of Mother,* Catherine Wilson
6. *Mother's Maiden Name,* Catherine Crosley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James E. Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 401 Lewis st

Remarks, Mother and Child doing well

1892 0002933

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-1962

RETURN OF A BIRTH. A 40899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Harvey Robert Turner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* July 23rd 1893

4. *Place of Birth (Street and Number)* 1709 Okana st.

5. *Full Name of Mother* Rosa Turner

6. *Mother's Maiden Name* Rosa Burton

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Turner

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nevada A ward

Address 1013 N Chapel st

Remarks

1892000934

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

27
1892

RETURN OF A BIRTH. A 10900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 25th July 92
4. *Place of Birth, (Street and Number)*	# 119 E Eager St
5. *Full Name of Mother,*	Annie Farnan
6. *Mother's Maiden Name,*	Annie Feehan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph B Farnan
9. *Father's Occupation,*	Ice Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm Christian Lauer
Address,	1107 E Fayette St
Remarks,	18920002935 Baltimore City

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (~~state whether male or~~ female) .....
2. Race or Color, (~~if not of the~~ white race) .....
3. Date of Birth, July 28th 1892.
4. Place of Birth, (Street and Number) 1511 Madison Ave.
5. Full Name of Mother, Nora Meyer.
6. Mother's Maiden Name, Nora E. Helland.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Maurice J. Meyer.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Michigan.

Name of Medical Attendant, or other person who makes this Return, John J. O'Shea, M.D.

Address, 662 W. Lexington St.

Remarks, 18920002936

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	The 22 of July 82
4.	*Place of Birth, (Street and Number)*	# 839 Thc Lkn St
5.	*Full Name of Mother,*	Annie Gleason
6.	*Mother's Maiden Name,*	Annie Slater
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Joseph Gleason
9.	*Father's Occupation,*	Boiler
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Lowe
	Address,	# 1657 Hanover
	Remarks,	8 9 2 0 0 0 2 9 3 7 Baltimore Md City

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23d 1892
4. Place of Birth, (Street and Number)	1735 hanover. st
5. Full Name of Mother,	Annie Crendell
6. Mother's Maiden Name,	Annie Gibson
7. Mother's Birthplace,	Talbot county. md
8. Full Name of Father,	Thomas Crendell
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Annaundell county. md
Name of Medical Attendant, or other person who makes this Return,	Allemora. a. anderson
Address,	1434 Patapsco. st
Remarks,	

8 9 2 0 0 0 2 9 3 8

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of July
4. Place of Birth, (Street and Number) 1826 Pennsylvania Ave
5. Full Name of Mother, Carrie Patten
6. Mother's Maiden Name, Carrie Crowley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Patten
9. Father's Occupation, China Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Donnelly

Address, 1635 Little Washington st

Remarks, mont 8 9 2 0 0 0 2 9 3 9

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40905

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Son
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1892
4. *Place of Birth, (Street and Number)* 1 Druid Hill Ave
5. *Full Name of Mother,* Rebecca Gibson
6. *Mother's Maiden Name,* Gibson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John A. Gibson
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. Holmes M.D.

Address, 201 E. Lafayette Ave

Remarks, 1892000002940

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amy Harvey

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* 25 Min. past 2 July 3, 1892.
5. *Place of Birth, (Street and Number)* 104 N. Gilmor St.
6. *Full Name of Mother,* Bertha May Harvey.
7. *Mother's Maiden Name,* Bertha May Cooksey.
8. *Mother's Birthplace,* Baltimore City.
9. *Full Name of Father,* William Harrison Harvey.
10. *Father's Occupation,* Clerk.
11. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return: Chas. H. Cooksey, M. D.

Address, No. 211 N. Gilmor St.

Remarks, This child was 21 inches long when born & fat in proportion.

Amy Harvey - Amy Harvey

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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pation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
practitioner in the case of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner or physician or practitioner of any child
Commissioner of Health. In case the birth of any child
third day of each and every month to the Commissioner of Health, no other person be in
practitioner or midwife, or should no other person be in
shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter required, and
child to report its birth to the Commissioner of Health, within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth;	July 6th 1892
4. Place of Birth, (Street and Number)	612 Water St
5. Full Name of Mother,	Anna M. Hinderseam
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Hinderseam
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	S W Feldner M. D.
Address,	1501 E. Eager St
Remarks,	1892 0002942

Wm J C. Dulany Co., City Printers and Stationers.

ENTER NAME ASSED 5-11-55

RETURN OF A BIRTH

40908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Walter ~~Mc~~ Donnell

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9th 1892.
4. Place of Birth, (Street and Number) 1507 E. North Ave
5. Full Name of Mother, Bernadine Mc Donnell
6. Mother's Maiden Name, Kuper
7. Mother's Birthplace, Balto
8. Full Name of Father, James E. Mc Donnell
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. W. Feldner M. D.

Address, 1501 E. Eager St

Remarks, 1 8 9 2 0 0 0 2 9 4 3

been conferred) its sex, color, the full name and occupation of its parents, ... date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 10 '92
4.	*Place of Birth, (Street and Number)*	1717 Bowman St
5.	*Full Name of Mother,*	Mrs. Mary Spittle
6.	*Mother's Maiden Name,*	" Hecht
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Louis Spittle
9.	*Father's Occupation,*	Police Officer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	T C Worthington
	Address,	840 W Fayette St
	Remarks,	8920002944

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A40910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 10th 1912
4. Place of Birth, (Street and Number) 1128 Columbia Ave
5. Full Name of Mother, Mary L. W. Butler
6. Mother's Maiden Name, Mary L. Pole
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David L. W. Butler
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie M. Pole

Address, 1025 S. Charles St. City

1892000294 5

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child; the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health in the form to be furnished. In case the birth of any child third day of each and every month to the office of a physician or practitioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. EULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Col
3.	*Date of Birth,*	July 24th
4.	*Place of Birth, (Street and Number)*	740 Columbia Ave
5.	*Full Name of Mother,*	Mary Edwards
6.	*Mother's Maiden Name,*	" Lomely
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George Edwards
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Harrison
	Address,	412 Scott St
	Remarks,	8920002946

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 40917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 15 1892
4. Place of Birth, (Street and Number) 1032 S Charles St
5. Full Name of Mother, Emma J Cain
6. Mother's Maiden Name, Emma J Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Wm Cain
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Wilton N.J. Camden Co

Name of Medical Attendant, or other person who makes this Return. Anna M Pole

Address, 1023 S. Charles St

Remarks, 8920002947 City

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 20
4. *Place of Birth, (Street and Number)* 119 Scott St
5. *Full Name of Mother,* Alice Long
6. *Mother's Maiden Name,* " Goodman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Long
9. *Father's Occupation,* Boilermaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Hannan

Address, 412 Scott St

Remarks, 8 9 2 0 0 0 2 9 4 8

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 20 1892
4. Place of Birth, (Street and Number) 11 S. Aynet.
5. Full Name of Mother, Jennie Fuchs
6. Mother's Maiden Name, Preller
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Fuchs
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. P. G. Dausch

Address, 1729 E. Balto. st.

Remarks, 8920002949

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the full name and occupation of its parents, the date and place of birth, and the sex, color, and condition (as to legitimacy) of a certificate between the first and been conferred, duly signed by the practitioner in charge of the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its or their birth to the Commissioner of Health, in manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40415.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 21st 1892
4. *Place of Birth, (Street and Number)* 1817- Guilford Ave
5. *Full Name of Mother,* Rena Stonebraker Fahl
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Shepherdstown Va
8. *Full Name of Father,* Benjamin Franklin Fahl
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Lydiana

Name of Medical Attendant, or other person who makes this Return, John H. Spence

Address, 2100. Maryland Ave

Remarks, 8920002950

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th. 1892
4. Place of Birth, (Street and Number) 245 S. Caroline St.
5. Full Name of Mother, Sarah Greenblatt
6. Mother's Maiden Name, Sarah Bakanezy
7. Mother's Birthplace, Russia
8. Full Name of Father, Abe Greenblatt
9. Father's Occupation, Cigarette Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. M. T. Williams. Professional

Address, 1036 W. Lexington St.

Remarks, [Had 8 9 2 0 0 0 2 9 5 1.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 40917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	24 July
4.	*Place of Birth, (Street and Number)*	206 Camden Lane
5.	*Full Name of Mother,*	Laura Hoernlein nee Einloft
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Gustav Hoernlein
9.	*Father's Occupation,*	Saloon Keeper
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mary Mekel
	Address,	No. 4 York St
	Remarks,	1892 Gustav Hoernlein

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	July 24 '92
4.	*Place of Birth, (Street and Number)*	112 N Dolphin Str
5.	*Full Name of Mother,*	Mrs Emma E Lantz
6.	*Mother's Maiden Name,*	" " Schneider
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Fred K. W Lantz
9.	*Father's Occupation,*	Printer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	T Chatterton
	Address,	8405 Hazelhurst
	Remarks,	8920002953

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, the date and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th 1892

4. Place of Birth, (Street and Number) 985 Ridgely st.

5. Full Name of Mother, Kate Fischer

6. Mother's Maiden Name, " Bode

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert L. Fischer

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, L. L. Broadenbaugh

Address, 418 S. Paca st.

Remarks, 1892000295 4

shall occur without the attendance of a physician or practitioner of in case the birth of any child
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 29 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 6, 1892.
4. *Place of Birth, (Street and Number)* No. 1217 E. North ave
5. *Full Name of Mother,* Verlinda Houston.
6. *Mother's Maiden Name,* Verlinda Wise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Houston
9. *Father's Occupation,* R. R. Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell, M.D.

Address, 1341 Harford ave

Remarks, 18920002955

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 40921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1920
4. Place of Birth, (Street and Number) 515 Druid Hill Av.
5. Full Name of Mother, Julia Wineberg
6. Mother's Maiden Name, Julia Blumenthal
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Joshua Wineberg
9. Father's Occupation, Clothing merchant
10. Father's Birthplace, Brooklyn N.Y.

Name of Medical Attendant, or other person who makes this Return. Henry C. Dold M.D.

Address, 1202 West Fayette St.

Remarks, 18920002956

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1920. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 10922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Female — Eva Jones Clarke
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 92.
4. Place of Birth, (Street and Number) 1715 Baker st.
5. Full Name of Mother, Mary Ann Clarke
6. Mother's Maiden Name, Mary Ann Mackenzie
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, William J. Clarke
9. Father's Occupation, Merchant
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. Henry Cohen, M.D.

Address, 1703 W Fayette st

Remarks, Full name added by mother upon applying for a Transcript. Mary A Clarke Mother 9 5 8 Returned - Reg. April 29-1895

The form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 July 1892
4. *Place of Birth, (Street and Number)*	515 Brune St. Baltimore
5. *Full Name of Mother,*	Mary E Holden
6. *Mother's Maiden Name,*	Mary E Bathew
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John F Holden
9. *Father's Occupation,*	Black-Smith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poppleton St
Remarks,	8920002958

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to cover the case and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	July 21st 1892
4. *Place of Birth, (Street and Number)*	75 W. West st
5. *Full Name of Mother,*	Virginia Bush
6. *Mother's Maiden Name,*	" Pulley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Bush
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	49 W. West st Balto
Remarks,	8920002959

C. PULASKY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 40926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21 st 92
4. Place of Birth, (Street and Number) 310 S. Poppleton St.
5. Full Name of Mother, Johanna Burns Whalen
6. Mother's Maiden Name, Johanna Whalen
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Peter Burns
9. Father's Occupation, R.R. Watchman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle. M.D.

Address, 1202 W. Fayette St

Remarks, 8920002960

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22/92 1892
4. *Place of Birth, (Street and Number)* Balto Druid Hill ave
5. *Full Name of Mother,* Nora L. Young
6. *Mother's Maiden Name,* Nora L Brawner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joshua A Young
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter.

Address, 23 N Payson St

Remarks, 8920002961

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 23 1892

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 23rd
4. Place of Birth, (Street and Number) Baltimore 1502 Ashland Ave.
5. Full Name of Mother, Carrie Annie Estelle Banks.
6. Mother's Maiden Name, Carrie Annie Estelle Johnson.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Brantley Banks.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Katherine Riley

Address, 1126 Russell Street

Remarks,

8920002962

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 23 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 24, 1892.
4. *Place of Birth, (Street and Number)* No. 114 Hanford ave ext.
5. *Full Name of Mother,* Ellen Hargest.
6. *Mother's Maiden Name,* Ellen Wooten.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew Hargest
9. *Father's Occupation,* Planterer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell, M.D.

Address, 1741 Hanford ave.

Remarks, 18920002963

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner) in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 25 1892
4. *Place of Birth, (Street and Number)* 619 Linton ave
5. *Full Name of Mother,* Catharine B Freise
6. *Mother's Maiden Name,* James
7. *Mother's Birthplace,* Balt city Md
8. *Full Name of Father,* Frederick J. Freise
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balt city Md

Name of Medical Attendant, or other person who makes this Return, Edw A Davenport

Address, 2024 E Pratt St

Remarks, No 1892 0 6249 Well

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 40930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 25th 1892
4. *Place of Birth, (Street and Number)*	# 311 Forrest Str
5. *Full Name of Mother,*	Mrs Mary Maliszewski
6. *Mother's Maiden Name,*	Miss Salbata
7. *Mother's Birthplace,*	Preissen Germany
8. *Full Name of Father,*	Mr August Maliszewski
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Preissen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	8920002965

In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born July 26th 1892
4. *Place of Birth, (Street and Number)*	# 75 Wilkens Str
5. *Full Name of Mother,*	Mrs Mary Hittle
6. *Mother's Maiden Name,*	Miss " Miller
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Mr Martin Hittle
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	227 W. Pratt St
Remarks,	8920002966

Every midwife and every person who shall hereafter practice midwifery within the limits of Baltimore City, shall, on or before the third day of each and every month to the office of the Commissioner of Health, 211 Courthouse, make a return of every case of labor attended by her or him during the preceding month, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, she shall immediately thereafter report it, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 92
4. *Place of Birth, (Street and Number)* 825 Columbia Ave.
5. *Full Name of Mother,* Carrie Gross
6. *Mother's Maiden Name,* Carrie Schlickerman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Geo. Gross
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle M.D.

Address, 1203 W. Fayette St

Remarks, 6920002967

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te

1. *Sex, (state whether male or female)* Mutcheo
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Jan Juli 1872
4. *Place of Birth, (Street and Number)* Bone St No 1534
5. *Full Name of Mother,* Loise Miller
6. *Mother's Maiden Name,* Gratny
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Augupt Miller
9. *Father's Occupation,* Wool Mess
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Schwarz Fort Eby 434

Remarks, 8920002968

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner required, and shall occur upon the mother, Commissioner of Health, in the manner required, and attendance upon the mother, Commissioner of Health, in the manner required, and child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A-40934.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 29 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 5

1. *Sex (state whether male or female)* Female - Flora Ebeling
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 28 92
4. *Place of Birth, (Street and Number)* Linden ave & Pitt ave
5. *Full Name of Mother* Flora Ebeling
6. *Mother's Maiden Name* Flora Albert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry C Ebeling
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W A Freeling

Address 951 Mad. Ave.

Remarks Full name of child added by Mother upon applying for a transcript. Flora A. Ebeling - Mother. J. E. Helm - Reg - July 24-1933

Instructions.—Fill out all the blanks hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

been conferred) its sex, color, the full name and occupation of its p
name of each child. (If any shall have
the date and place of birth; and the
by the practitioner in
the office of the Commissioner
first and
of each child
In case the birth of any child
person be in
of midwifery, or should no other person or parents of such
become the duty of the person above required, and
manner and within the period above required, and
with the provisions of this section shall be sub-
said schedule shall be delivered, duly signed, by the practitioner in attendance upon the mother, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 40935.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	wight
3. *Date of Birth,*	July 1 1892
4. *Place of Birth, (Street and Number)*	No 421 W. Lanvale st Baltimore
5. *Full Name of Mother,*	Lizzie A. Law
6. *Mother's Maiden Name,*	Lizzie A Taylor
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	august F. Law
9. *Father's Occupation,*	Store keeper
10. *Father's Birthplace,*	Harford County md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Lanvale St.
Remarks,	8920002970

J C.

WM J. C. MURRAY CO CITY PRINTERS AND STATIONERS.

A 40936

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 th
1.	*Sex, (state whether male or female)*	2 Male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	July 2 1894
4.	*Place of Birth, (Street and Number)*	1130 Hamburg St.
5.	*Full Name of Mother,*	Ann Margaretta Bauer
6.	*Mother's Maiden Name,*	Ann Margaretta Gilty
7.	*Mother's Birthplace,*	Baltimore Co.
8.	*Full Name of Father,*	Geo K. Bauer
9.	*Father's Occupation,*	Miner
10.	*Father's Birthplace,*	Wm Hamburg Geo.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
	Address,	Hillen & St
	Remarks,	† 8920002971

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-40937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2 1891

4. Place of Birth, (Street and Number) 1005 Covington Av

5. Full Name of Mother, Sarah Johnson

6. Mother's Maiden Name, Sarah Turner

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Francis Johnson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, E. A. Kelly

Address, #1828 Light St

Remarks, 8 9 2 0 0 0 2 9 7 2

and assume all the duties delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 July 1922
4. *Place of Birth, (Street and Number)*	Talbot st No 1002
5. *Full Name of Mother,*	Minny Miechel
6. *Mother's Maiden Name,*	Miny Molues
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	Otto Miachel
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	19.22 Wilkins Ave
Remarks,	8920002973

The schedule shall be delivered, duly signed by the practitioner ... form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H 4939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catharine Elisabeth Dorweis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 2
4. Place of Birth, (Street and Number)	116 Hammerlacher's court
5. Full Name of Mother,	Caroline Dorweis
6. Mother's Maiden Name,	Caroline Kratz
7. Mother's Birthplace,	York Pa
8. Full Name of Father,	John H Dorweis
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Bragg
Address,	41 Court St
Remarks,	8920002974

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 40940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1897
4. Place of Birth, (Street and Number) Eagle st abv 15th
5. Full Name of Mother, Cecellia Cecelia B Lee
6. Mother's Maiden Name, Cecellia Cecelia B Mally
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E Lee
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Kelly

Address, 1922 Wilkins Ave

Remarks, 8920002975

Wm J C. Dulany Co., City Printers and Stationers.

...practitioner in the city, of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner, or should no other person be in ...attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40941.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 July
4. Place of Birth, (Street and Number) Baltimore Ohio Ave
5. Full Name of Mother, Margizzie Snyder
6. Mother's Maiden Name, Margizzie Summers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fried Snyder
9. Father's Occupation, Glass blower
10. Father's Birthplace, West Leasester

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 911 Carr St

Remarks, 8920002976

said schedule shall be delivered, duly signed by the practitioner, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th
4. Place of Birth, (Street and Number) 1213 Bayard Street.
5. Full Name of Mother, Ida Lee Henry.
6. Mother's Maiden Name, Ida Lee Brooks.
7. Mother's Birthplace, Tappahanock. Va.
8. Full Name of Father, Edward Steel Henry.
9. Father's Occupation, Brickmaker.
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return Mrs Bentley.

Address, 929 South Paca Street.

Remarks, 8920 Child 22977

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Each contractor shall be entitled to receive from the Commissioner of Health, for each certificate of birth returned by him in the form and manner required by this section, the sum of twenty-five cents, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 40943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5=1892

4. Place of Birth, (Street and Number) 1529 S Charles St

5. Full Name of Mother, Mamie E Colman

6. Mother's Maiden Name, Mamie Taylor

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Howard A Colman

9. Father's Occupation, Fruit Dealer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A Fulfy

Address, # 1828 Eight St

Remarks, 8 9 2 0 0 0 2 9 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 40944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9th July
4. Place of Birth, (Street and Number) 2650 Boker st
5. Full Name of Mother, Emma Kirk
6. Mother's Maiden Name, " Sadtler
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Kirk
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N Gay st

Remarks, 1 8 9 2 0 0 0 2 9 7 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7 1922

4. Place of Birth, (Street and Number) 613 Fredrick Ave extended

5. Full Name of Mother, Elmira Stiffe

6. Mother's Maiden Name, Elmira Myers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Stiffe

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 1922 Wilkins Ave

Remarks, 1 8 9 2 0 0 0 2 9 8 0

Wm J C. Dulany Co., City Printers and Stationers.

Kodak Safety Film

RETURN OF A BIRTH 40946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 10. 92
4. Place of Birth (Street and Number),	258 Lisburn St.
5. Full Name of Mother,	Lotta Wells
6. Mother's Maiden Name,	Lotta Mitchell
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Henry Wells
9. Father's Occupation,	Insurance Agent
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Charles A. Jeffries M.D.
Address,	H.S.E. Montgomery St.
Remarks,	8920002981

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40947.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 10-18-92

4. *Place of Birth, (Street and Number)* Ramsay st No 13-22

5. *Full Name of Mother,* Lena Beck

6. *Mother's Maiden Name,* Lena Clauder

7. *Mother's Birthplace,* germany

8. *Full Name of Father,* John Beck

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19-22 Milton ave

Remarks, 8920002982

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H0948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 4 (twins)

1. *Sex, (state whether male or female)* Females.
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* July 10th 1892.
4. *Place of Birth, (Street and Number)* 1323 Hanover St.
5. *Full Name of Mother,* Julia A. Jenkins.
6. *Mother's Maiden Name,* " Dickson
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* John F. Jenkins.
9. *Father's Occupation,* Trimmer
10. *Father's Birthplace,* Balto. City. Md.

Name of Medical Attendant, or other person who makes this Return. R. J. McTall, M.D.

Address, 524 Sharp St.

Remarks,

1 8 9 2 0 0 0 2 9 8 3

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A40949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 10th 1892

4. Place of Birth, (Street and Number) 1418 W Lanvale R

5. Full Name of Mother, Elizabeth L Musbaum
Sheridan

6. Mother's Maiden Name, Unk

7. Mother's Birthplace, Unk

8. Full Name of Father, Jacob L Musbaum

9. Father's Occupation, Salesman

10. Father's Birthplace, Unk

Name of Medical Attendant, or other Person who makes this Return, Geo H Capito M D
1 W Conway Ave & Wilson Pl

Address,

Remarks, 8920002984

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 10th 1892
4.	*Place of Birth, (Street and Number)*	712 W. Cross Street City
5.	*Full Name of Mother,*	Sarah Jane Walsh
6.	*Mother's Maiden Name,*	Sarah Jane Otten
7.	*Mother's Birthplace,*	Boston Mass.
8.	*Full Name of Father,*	John Joseph Walsh
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Mrs Basnge
	Address,	711 N. Cross Street
	Remarks,	1 8 9 2 0 0 0 2 9 8 5

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A40957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 11-92
4. Place of Birth (Street and Number),	806 Covington St.
5. Full Name of Mother,	Katie Zayler
6. Mother's Maiden Name,	Katie Drexel
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Frank Zayler
9. Father's Occupation,	Copper
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Charles V. Jefferson MD
Address,	48 E. Montgomery St.
Remarks,	

8920002986

the full name and occupation of its parents, the date and place of birth; and the said schedule ...ber, to be ..., color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltimore Publishing Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 - 1892
4. *Place of Birth, (Street and Number)* 18 E Hoffman ave
5. *Full Name of Mother,* Beulah Clark
6. *Mother's Maiden Name,* Beulah Parks
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Samuel Warner Clark
9. *Father's Occupation,* Glass Cutter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. E A Tully

Address, # 1828 Eight St.

Remarks, 8920002987

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (9)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 11th 95
4. *Place of Birth, (Street and Number)* 119 Henrietta St.
5. *Full Name of Mother,* Mary Rohrbach.
6. *Mother's Maiden Name,* Mary Schweikert.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* William Rohrbach.
9. *Father's Occupation,* Cabinet Maker.
10. *Father's Birthplace,* Hesse Hamstadt Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 911 Cross St.

Remarks, 8920002988

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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A 40902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13. 1892
4. Place of Birth, (Street and Number) Mount St 3-24
5. Full Name of Mother, Alice M deshazor
6. Mother's Maiden Name, Richmond Ded
7. Mother's Birthplace, Upton Hanover
8. Full Name of Father, Rochester
9. Father's Occupation, Delaware
10. Father's Birthplace, Mrs S Kelley
Name of Medical Attendant, or other person who makes this Return, No 19-22 Wilkins Ave
Address,
Remarks, 18920002989

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 July 1892

4. Place of Birth, (Street and Number) 1045 Light St

5. Full Name of Mother, Mary Jane Brooks

6. Mother's Maiden Name, Mary Jane Arnold

7. Mother's Birthplace, Liverpool England

8. Full Name of Father, Charles Brooks

9. Father's Occupation, Writer

10. Father's Birthplace, Harpers Ferry W Va

Name of Medical Attendant, or other person who makes this Return, E. A. Tully

Address, # 1828. Light St

Remarks, 18920002990

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 13 1892
4. *Place of Birth, (Street and Number)* 1620 West Pratt st
5. *Full Name of Mother,* Eliza E gallion
6. *Mother's Maiden Name,* Eliza E grice
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William E gallion
9. *Father's Occupation,* Collar Maker
10. *Father's Birthplace,* Alexandria D C

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 10/9-22 Wilkins ave

Remarks, 8920002991

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H0957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Karl John Heineman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 13th July

4. Place of Birth, (Street and Number) 1316 E Ashland Ave

5. Full Name of Mother, Emily Heineman

6. Mother's Maiden Name, " Poehler

7. Mother's Birthplace, Balto

8. Full Name of Father, Jacob Heineman

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N Gay st

Remarks, 8920002992

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or person who shall become in attendance upon the mother, immediately thereafter it is the manner and form of a certificate between the first and the office of the Commissioner of Health. In case no other person be in shall occur without the mother, immediately thereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and form of a certificate between the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 13-18-92
4. *Place of Birth, (Street and Number)* Passon st # 331
5. *Full Name of Mother,* Lizzie Bender
6. *Mother's Maiden Name,* Lizzie Graham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bender
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss S Kelly

Address, 19-22 Wilkins Ave

Remarks, 8920002993

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-29-56

RETURN OF A BIRTH. A 40959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anne Elise ~~Gardner~~

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	13th of July 1892
4.	*Place of Birth, (Street and Number)*	132 West Hamburg St.
5.	*Full Name of Mother,*	Frida Gaertner
6.	*Mother's Maiden Name,*	Frida Beck
7.	*Mother's Birthplace,*	Hamburg Germany
8.	*Full Name of Father,*	Edvard Gaertner
9.	*Father's Occupation,*	Turner
10.	*Father's Birthplace,*	Hamburg Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
	Address,	711 Cross St
	Remarks,	8920002994

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

40960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, July 14 = 1892.
4. Place of Birth, (Street and Number) 114 Scott St.
5. Full Name of Mother, Sarah E. Nolan.
6. Mother's Maiden Name, " " Reichart.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Bernard J. Nolan.
9. Father's Occupation, Bookkeeper.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

8920002995

said schedule shall be delivered, duly signed by the practitioner in the fo... a certificate between the first and third day of each and every month to the office of the Commissioner of ...lth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the ...y of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and ...thin the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14th July
4. Place of Birth, (Street and Number) 2031 W Keizer St
5. Full Name of Mother, Clara Hennewald
6. Mother's Maiden Name, " Metzger
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Hennewald
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 948 N Bay st

Remarks, 8 9 2 0 0 0 2 9 9 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40962.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July Thu 14. 18-99
4.	*Place of Birth, (Street and Number)*	Wilkens st No 18-10
5.	*Full Name of Mother,*	Johanna Krabing
6.	*Mother's Maiden Name,*	Johanna Remann
7.	*Mother's Birthplace,*	germany
8.	*Full Name of Father,*	Hartman Krabing
9.	*Father's Occupation,*	Blacksmith
10.	*Father's Birthplace,*	germaney
	Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
	Address,	No 1922 Wilkins Ave
	Remarks,	8920002997

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 40963.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 July 1892

4. Place of Birth, (Street and Number) 2037 Hanover St

5. Full Name of Mother, Lottie Thornton Barnes

6. Mother's Maiden Name, Ballo

7. Mother's Birthplace, Wilson Barnes

8. Full Name of Father, Stan Blower

9. Father's Occupation, Ballo Md

10. Father's Birthplace, E. A. Tully

Name of Medical Attendant, or other person who makes this Return, 1828 Light St.

Address,

Remarks, 8 9 2 0 0 0 2 9 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth, and the parents, the date and place of birth; and the occupation of its parents, the date and place of birth; and the person conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and ter in the form of a certificate the birth of any child Health. In case the office of the practitioner or person be in sioner of Vital Statistics, or should no other person be in said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no or parents of such third day of each and every month to the office of a physician or practitioner of midwifery, or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 July 1892
4. Place of Birth, (Street and Number) 1018 Light St
5. Full Name of Mother, Johanna C Baumann
6. Mother's Maiden Name, Johanna C Louis
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George John Baumann
9. Father's Occupation, Cap maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E.A Tully.

Address, # 1828. Light St.

Remarks, 8920002999

Wm J C. Dulany Co., City Printers and Stationers.

Sec. 30. Be it enacted, That it shall be the duty of the father, mother, householder, or owner of the premises where any child shall be born, or the nurse in attendance upon the mother, immediately after the birth of such child, to report to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 1409 66.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 July 1872
4. *Place of Birth, (Street and Number)*	1507 Light St
5. *Full Name of Mother,*	Sarah Frye
6. *Mother's Maiden Name,*	Sarah Johnson
7. *Mother's Birthplace,*	Alex Va
8. *Full Name of Father,*	Henry P. Frye
9. *Father's Occupation,*	Engineer B&O
10. *Father's Birthplace,*	~~Ma~~ Cumatia Ohio
Name of Medical Attendant, or other person who makes this Return,	E. A. Tully
Address,	1828 Light St.
Remarks,	1 8 7 2 0 0 0 1 0 0 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 July

4. Place of Birth, (Street and Number) 1617 E Ashland Av

5. Full Name of Mother, Annie Moreland

6. Mother's Maiden Name, " Battie

7. Mother's Birthplace, Balto

8. Full Name of Father, Alphonsis Moreland

9. Father's Occupation, Horse Shoer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 940 N Gay st

Remarks, 18920003001

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16th
4. *Place of Birth, (Street and Number)* 2862 Lanvale st
5. *Full Name of Mother,* Louisa Vernon Taylor
6. *Mother's Maiden Name,* Louisa Vernon Waldon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wilson grant Taylor
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Deegan

Address, 2847 Lanvale st

Remarks, 18920003002

BW J D DULANY CO CITY PRINTERS AND STATIONERS.

be ascertained the full name of each child. (if any shall have
the same can be ascertained, the full name and occupation
cupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Comm
or practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be re
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. H0968

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 th July
4. *Place of Birth, (Street and Number)* Baltimore MD 230 Hanlon
5. *Full Name of Mother,* Mary Louisa Lawson
6. *Mother's Maiden Name,* Seibel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Lawson
9. *Father's Occupation,* Upholster
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address, 711 Penna St

Remarks,

1 8 9 2 0 0 0 3 0 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1872
4. Place of Birth, (Street and Number) 1420 Battery ave
5. Full Name of Mother, Anna Durkin
6. Mother's Maiden Name, Anna Kenny
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Durkin
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. A. Tilly

Address, #1828 Knight St

Remarks, 8 9 2 0 0 3 0 6 4

(Blank has been inserted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

pation of its parents; the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 40970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	17th July.
4. *Place of Birth, (Street and Number)*	1806 Eutaw Place.
5. *Full Name of Mother,*	Alice May Moore
6. *Mother's Maiden Name,*	Alice May Brown.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Geo. W. Moore.
9. *Father's Occupation,*	Packer.
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	G. G. Lusk M. D.
Address,	2000 E. Balt. St.
Remarks,	Normal Delivery

8 9 2 0 0 0 3 0 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male White

2. Race or Color, (if not of the white race)

3. Date of Birth, July 18th 1892.

4. Place of Birth, (Street and Number) 32 York St

5. Full Name of Mother, Frances Garner.

6. Mother's Maiden Name, Frances Salzberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Julius Garner

9. Father's Occupation, Cloak Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Y. Weldman

Address, 1013 E Lombard St.

Remarks, 8 9 2 0 0 0 3 0 0 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 409 ?v.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18-18-92
4. *Place of Birth, (Street and Number)*	Clarke St 3-10
5. *Full Name of Mother,*	Anney E Boyd
6. *Mother's Maiden Name,*	Anney E Rhounman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest S Boyd
9. *Father's Occupation,*	~~Barber~~ Fredricks Bldg 2da Plasterer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Mrs I Kelley
Address,	1922 Milkins Ave
Remarks,	8 9 2 0 0 0 3 0 0 7

conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th July
4. *Place of Birth, (Street and Number)*	1408 E. Bruce St.
5. *Full Name of Mother,*	Catharine Dyer.
6. *Mother's Maiden Name,*	Catharine Dolan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Dyer
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	1408 Bruce Street.
Remarks,	+ 8920003008

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40974.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 July
4. *Place of Birth, (Street and Number)* 518 Wright st
5. *Full Name of Mother,* Annie miller
6. *Mother's Maiden Name,* Annie Evans
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Robert miller
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mrs Bentley

Address, 929 S Paca st

Remarks, Child living

8 9 2 0 0 8 3 0 0 9

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 40976.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23 92
4. *Place of Birth, (Street and Number)* 940 Druid Hill Ave
5. *Full Name of Mother,* Lillie M. Gable
6. *Mother's Maiden Name,* Lillie M. Custer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Gable
9. *Father's Occupation,* Engineer Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 111 Ridgely Ave Apt 6

Remarks, 8920003010 Mrs

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	(Colored) White
3. *Date of Birth,*	22nd of July
4. *Place of Birth, (Street and Number)*	1403 Presstman St.
5. *Full Name of Mother,*	Mary Sanders
6. *Mother's Maiden Name,*	Mary Jones
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Ewart Sanders.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Mrs Alda Johnson
Address,	1403 Bruce Street.
Remarks,	8920003011

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 40977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23rd day of July 1892
4. Place of Birth, (Street and Number) 1305 Patapsco St.
5. Full Name of Mother, Minnie Nagle
6. Mother's Maiden Name, Minnie Hinkell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Nagle
9. Father's Occupation, Boxmaking
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St.

Remarks,

8920003012

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

(teen counted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 23rd 1892
4. *Place of Birth, (Street and Number)* No 9 Loudon Ave
5. *Full Name of Mother,* Maggie Selby
6. *Mother's Maiden Name,* Maggie Farrell
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Edmond Selby
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920003013

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 24th 1892
4.	*Place of Birth, (Street and Number)*	709 Warren St.
5.	*Full Name of Mother,*	Lillie Von der Linden
6.	*Mother's Maiden Name,*	Lillie Von der Linden
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	E. M. Condy
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Hanover's Maryland
	Name of Medical Attendant, or other person who makes this Return,	Wm. H. Barger
	Address,	7 N. Carrey St
	Remarks,	8920003014

s which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
tion of its parents, the date and place of birth; and the
itioner in the form of a certificate between the first and
oumissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
nt the number and within the period above required, and
complying with the provisions of this section shall be sub-
recovered his other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 40980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 24th 1892
4.	*Place of Birth, (Street and Number)*	684 Columbia ave Baltimore City
5.	*Full Name of Mother,*	Lottie Biddison
6.	*Mother's Maiden Name,*	Lothe Weisgerber
7.	*Mother's Birthplace,*	Baltimore City Md
8.	*Full Name of Father,*	Wm T Biddisons William Thomas B[illegible]
9.	*Father's Occupation,*	Dealer in Wall Papers & Window shades
10.	*Father's Birthplace,*	Baltimore City Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs M Bangs
	Address,	711 Conn
	Remarks,	1892000030 15

WM J. C. BULLY CO CITY PRINTERS AND STATIONERS.

E 40981.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 25, 1892

4. *Place of Birth, (Street and Number)* 629 Burgundy Alley

5. *Full Name of Mother,* Clara Cyrus

6. *Mother's Maiden Name,* Clara Mitchell

7. *Mother's Birthplace,* Calvert County

8. *Full Name of Father,* Charles Cyrus

9. *Father's Occupation* Wagoner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Catherine Jones

Address, 507 W. Cross St.

Remarks, X 1892000301 6

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the father, the said schedule shall be delivered, duly signed by the practitioner in the form third day of each and every month to the office of the Commissioner of shall occur without the attendance of a physician or practitioner of midwifery, attendance upon the mother, immediately thereafter it shall become the child to report its birth to the Commissioner of Health, in the manner and any such person or persons who shall hereafter fail to comply with the pro jected to the fine of ten (10) dollars for each offence, to be recovered, &c.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. E 40982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 - 1894
4. Place of Birth, (Street and Number) 1730 William st
5. Full Name of Mother, Alice Baul
6. Mother's Maiden Name, alice murray
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Paul
9. Father's Occupation, Brakeman B&O
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. A. Tully

Address, # 1828 Light St.

Remarks, 18.9200003017

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 25 1892
4. *Place of Birth, (Street and Number)* Baltimore Md 402 E Pratt St
5. *Full Name of Mother,* Augusta Graf
6. *Mother's Maiden Name,* Augusta Hostmann
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Robert R Graf
9. *Father's Occupation,* Supt.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Keaning

Address, 414 S Street St Baltimore Md

Remarks, Mother and Child are doing well

6920003018

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 40984.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 25
4.	*Place of Birth, (Street and Number)*	122 Scott St
5.	*Full Name of Mother,*	Elsebeth Catana Young Little
6.	*Mother's Maiden Name,*	" " "
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Reuben Jesse Young
9.	*Father's Occupation,*	Stevedore
10.	*Father's Birthplace,*	(Balto) Richmond Va
	Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
	Address,	711 Lemmon St
	Remarks,	8920003019

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26 1892

4. Place of Birth, (Street and Number) 525 King Street

5. Full Name of Mother, Mrs Maggie Kraft.

6. Mother's Maiden Name, Mrs Maggie Craft

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kraft

9. Father's Occupation, Bar Tender

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King St

Remarks, Doing very well

1 8 9 2 0 0 0 3 0 2 0

...ore Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 40986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 26th
4. *Place of Birth, (Street and Number)*	1455 E Monument
5. *Full Name of Mother,*	Lizzie Matthews
6. *Mother's Maiden Name,*	Lizzie Shane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John W Matthews
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Daniel V Mayer MD
Address,	1200 E Eden St
Remarks,	8920003021 City

have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. GUNBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 40487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second baby

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* of the white race
3. *Date of Birth,* 26th of July tuesday
4. *Place of Birth, (Street and Number)* 255 East Hamburg St Balto.
5. *Full Name of Mother,* Kate Elizelth Hales
6. *Mother's Maiden Name,* Kate Elizelth Burns.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Nelson Rodadopus Hales.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Mdyland.

Name of Medical Attendant, or other person who makes this Return, Wm Bampe

Address, 711 Eutaw St

Remarks, 1 8 9 2 0 0 0 3 0 2 2

WM J. C SULLANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 40988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, July 26th 1892
4. Place of Birth, (Street and Number) 802 Hanover St
5. Full Name of Mother, Ida M. Kretzschman
6. Mother's Maiden Name, " " Rehbein
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Gustav Kretzschman
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

1 8 9 2 0 0 0 3 0 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This Certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 4 1892
4. *Place of Birth, (Street and Number)*	1922 Light St.
5. *Full Name of Mother,*	Ida Bowing
6. *Mother's Maiden Name,*	Ida ~~Force~~ Founce
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oliver Bowing
9. *Father's Occupation*	Brakeman B. O.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
Address,	213 E. Heath St.
Remarks,	Doing Well.

8 9 2 0 0 0 3 0 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 21 1892
4. Place of Birth, (Street and Number)	1135 Light St.
5. Full Name of Mother,	Susie Hurley
6. Mother's Maiden Name,	Susie Linthicum
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	A. J. Hurley
9. Father's Occupation,	Hate on boats
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
Address,	218 E. Heath St
Remarks,	Doing Well

1892 0003025

Notice.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40491.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2nd
4. Place of Birth, (Street and Number) 712 Forrest St.
5. Full Name of Mother, Maggie Ann Dougherty
6. Mother's Maiden Name, Do. Do. Ruppert
7. Mother's Birthplace, Carroll County Md.
8. Full Name of Father, Julius R. Dougherty
9. Father's Occupation, Salesman
10. Father's Birthplace, Wicomico County Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Marden

Address, 920 Greenmount Av

Remarks, 8920003026

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 40997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3. at half past 9.
4. *Place of Birth, (Street and Number)* No 3 Pulaski Court
5. *Full Name of Mother,* Kate C. Schaffer
6. *Mother's Maiden Name,* Kate C Cattal
7. *Mother's Birthplace,* Maryland Town
8. *Full Name of Father,* John C. Schaffer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mabel Shockey

Address, 731 Cumberland St

Remarks, + 8 9 2 0 0 0 3 0 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 3 — 1892

4. Place of Birth, (Street and Number) 1429 Gough St.

5. Full Name of Mother, Minnie Wolf

6. Mother's Maiden Name, Sachs

7. Mother's Birthplace, Russia

8. Full Name of Father, Herman Wolf

9. Father's Occupation, Door Keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920003028

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3 — 1892
4. Place of Birth, (Street and Number) 1407 Block St.
5. Full Name of Mother, Auguste Sturch
6. Mother's Maiden Name, Lieper
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Sturch
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8 9 2 0 0 0 3 0 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
~~1.~~ Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 5 – 92
4. Place of Birth, (Street and Number)	1733 Jefferson
5. Full Name of Mother,	Lavinia Morningstar
6. Mother's Maiden Name,	" Hipsley
7. Mother's Birthplace,	Md
8. Full Name of Father,	Edward E. Morningstar
9. Father's Occupation,	Draughtsman
10. Father's Birthplace,	Frederick Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	912 McDonough St
Remarks,	8920003030

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. # 40996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of July
4. *Place of Birth, (Street and Number)*	347 Bentalowe
5. *Full Name of Mother,*	Hanna Weaver
6. *Mother's Maiden Name,*	Hanna Heckmeister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Weaver
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Frederika Keuler Midwife
Address,	2116 West Pratt St
Remarks,	8920003031

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 4 - 1892
4. Place of Birth, (Street and Number) 302 N. Caroline St.
5. Full Name of Mother, Lizzie Lauster
6. Mother's Maiden Name, Limpenbrink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Lauster
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fayette St.

Remarks, 8 9 2 0 0 0 3 0 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

2 40998

GIVEN NAME ADDED 8-1-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene Elizabeth Rose

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th July, 1892
4. Place of Birth, (Street and Number) 187 Harrison St
5. Full Name of Mother, Annie Rose
6. Mother's Maiden Name, Annie Rose
7. Mother's Birthplace, Cattanooga
8. Full Name of Father, Albert Rose
9. Father's Occupation, Harnessmaker
10. Father's Birthplace, Baltimore Md. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Brinkmiersie

Address, No. 506 N. Haight St.

Remarks, 8920003033

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 40999.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 5 — 1892
4. Place of Birth, (Street and Number) 205 Mc Eldorys Court
5. Full Name of Mother, Clara Marzke
6. Mother's Maiden Name, Shilter
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Marzke
9. Father's Occupation, Laborer
10. Father's Birthplace, Germay

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 8920003034

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-11-59

RETURN OF A BIRTH.

H1000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	William H. S. Moebius Male
2. Race or Color, (if not of the white race)	Wit. 6/23/20
3. Date of Birth,	July 6 - 92
4. Place of Birth, (Street and Number)	804 E Fayette
5. Full Name of Mother,	Moebius, Mary M. ~~Maubus~~ Gorzuch
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Moebius, Albert ~~Maubus~~
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Pa
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	8920003035

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41001.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	colored
3. Date of Birth,	Dec 6 1892
4. Place of Birth, (Street and Number)	413 Harris St.
5. Full Name of Mother,	Clara Lesley
6. Mother's Maiden Name,	Clara Meyers
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Frank Lesley
9. Father's Occupation,	Stone cutter
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Sawyer
Address,	726 Eutaw St
Remarks,	+ 8 9 2 0 0 0 3 0 3 6

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-17-50

RETURN OF A BIRTH. E 41007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. After the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female Odel Muganet
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6, 1892
4. *Place of Birth, (Street and Number)*	223 Grindall St.
5. *Full Name of Mother,*	Mary Solon
6. *Mother's Maiden Name,*	Mary Soloan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin J Solon
9. *Father's Occupation*	Engeurner
10. *Father's Birthplace,*	Balty.
Name of Medical Attendant, or other person who makes this Return,	H. R. Caskey
Address,	218 E. Hatl St
Remarks,	Doing Well

8 9 2 0 0 0 3 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 6th 1892
4. Place of Birth, (Street and Number) 643 N. Bath St.
5. Full Name of Mother, Mrs. Mohler.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. N. Lawson M.D.

Address, 652 N. Lombard St.

Remarks,

8920003038

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. [illegible]

1727 MARYLAND AVE., BALTIMORE CITY

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grover Cleveland Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th, 1892
4. Place of Birth, (Street and Number) 1727 Maryland Ave
5. Full Name of Mother, Annie E Hoffman
6. Mother's Maiden Name, Engelhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George N. Hoffman
9. Father's Occupation, R.R. Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M H Carter M.D.

Address, 1806 N Balto St.

Remarks, GIVEN NAME ADDED 5-14-53

1892 00 430039

[illegible]

RETURN OF A BIRTH. A 41005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 1892
4. Place of Birth, (Street and Number) Gen Lying in hospital of Md. Univ. 622 W. Lombard st.
5. Full Name of Mother, Lottie Miller.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 W. Lombard St.

Remarks, 8920003040

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 41007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th Feb 4th
4. *Place of Birth, (Street and Number)*	1603 Saratoga St
5. *Full Name of Mother,*	Margaretha Remmers
6. *Mother's Maiden Name,*	Margaretha Hueth
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Remmers
9. *Father's Occupation,*	Schoemacher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Midwife
Address,	2116 West Pratt Ste
Remarks,	

8920003041

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 41008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th of July
4. *Place of Birth, (Street and Number)*	2015 Frederick Road
5. *Full Name of Mother,*	Margaretha Obermeiler
6. *Mother's Maiden Name,*	Margaretha Jungmann
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Wiliam Obermeiler
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuter Midwife
Address,	2116 West Pratt St
Remarks,	8920003042

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

41009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 8, 1892
4.	*Place of Birth, (Street and Number)*	15 N. Randall St.
5.	*Full Name of Mother,*	Mary A. Clemmons
6.	*Mother's Maiden Name,*	Mary A. McConville
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Clemmons
9.	*Father's Occupation,*	Brakeman B. C.
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. P. Caskey
	Address,	213 E. Heath St
	Remarks,	8920003043 Doing Well

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 41010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th/4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 8th 1892.
4. Place of Birth, (Street and Number) Md. Univ. Lying in Hosp. 622 N. Lombard
5. Full Name of Mother, Hanna Fernandie.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard St.

Remarks, 8920003044

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H1011.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1892.
4. *Place of Birth, (Street and Number)* Md. Lying-in Hospital
5. *Full Name of Mother,* Annie C. Campbell
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* } Not known
9. *Father's Occupation,* }
10. *Father's Birthplace,* }

Name of Medical Attendant, or other person who makes this Return. E. K. Krouch M.D. Eger & Wilson

Address,

Remarks,

8920003045

Wm J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained ALL the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4012.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 July
4. Place of Birth, (Street and Number) 910 Forest Ave
5. Full Name of Mother, Jennie Smith
6. Mother's Maiden Name, Jennie Smith
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Smith.
9. Father's Occupation, Brassfinisher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Link midwife

Address, No. 506 N. High Ave.

Remarks, 8920003046

A12

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 2 1892
4. Place of Birth, (Street and Number) 2503 Canton Ave
5. Full Name of Mother, Mary Elsemith
6. Mother's Maiden Name, Mary Sears
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Elsemith
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Sharpe

Address, 1726 Laurens St.

Remarks, 8920003047

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9te of July
4. *Place of Birth, (Street and Number)*	45 Williams Str
5. *Full Name of Mother,*	Johana Dönis
6. *Mother's Maiden Name,*	Johana Schoe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Dönis
9. *Father's Occupation,*	Brauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kouler midwife
Address,	2116 West Pratt St
Remarks,	8920003048

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41015.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 10th 1892
4. Place of Birth, (Street and Number) 1224 S. Paca St.
5. Full Name of Mother, Mrs. Rebecca Gibson.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.

Address, 622 Lt. Lombard St.

Remarks, 8920003049

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 10 — 1892
4. Place of Birth, (Street and Number) 1403 Bank St.
5. Full Name of Mother, Mary Lary
6. Mother's Maiden Name, Funk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Lary
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks, 8920003050

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 10th 1892

4. Place of Birth, (Street and Number) 622 W. Lombard St.

5. Full Name of Mother, Alice Scott.

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 W. Lombard St.

Remarks, 8920003051

Wm J C. Dulany Co., City Printers and Stationers.

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 2

RETURN OF A BIRTH. No. 41018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 10th 11 1892
4. Place of Birth, (Street and Number) Lying in Hosp. 622 N Lombard St
5. Full Name of Mother, Martha Locke
6. Mother's Maiden Name, "
7. Mother's Birthplace, md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard St.

Remarks, 8920003052

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, and every person who shall be present at the birth of any child, shall, within ten days after the birth, ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A H1019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 10, 1892
4. *Place of Birth, (Street and Number)*	1834 Charles St
5. *Full Name of Mother,*	Mary J Broten
6. *Mother's Maiden Name,*	Mary Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles J Broten
9. *Father's Occupation*	Waterman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St
Remarks,	8 9 2 0 0 0 3 0 5 Living Well

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A1020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th, 1892
4. Place of Birth, (Street and Number) 2129 Vine St.
5. Full Name of Mother, Bertha Christie
6. Mother's Maiden Name, Troxel
7. Mother's Birthplace, Pa.
8. Full Name of Father, Thomas Christie
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M H Carr M.D.

Address, 1800 W. Balto St.

Remarks, 18920003054

GEO. A. G. BALDWIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 41021.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th, 1892 -
4. Place of Birth, (Street and Number) Md. Lying-in Hospt.
5. Full Name of Mother, Jennie Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, } Not known
9. Father's Occupation, }
10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return, J. B. Crouch M.D. Expr. H. Wilson

Address,

Remarks,

8920003055

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 12 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 11 - 92
4. Place of Birth, (Street and Number)	1211 N. Washington
5. Full Name of Mother,	Agnes Dudrow
6. Mother's Maiden Name,	" Eagan
7. Mother's Birthplace,	Va
8. Full Name of Father,	John C. Dudrow
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 M Donogh
Remarks,	1892000306

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

nionth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41023.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 11 1892
4. *Place of Birth, (Street and Number)*	2375 Canton Ave
5. *Full Name of Mother,*	Annie Smith
6. *Mother's Maiden Name,*	Annie Sobzinner
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Adam Smith
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary L Stevenson
Address,	726 Luzerne St.
Remarks,	8920003057

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1892

4. Place of Birth, (Street and Number) 15 Belair ave. Annex,

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, Mary Dietz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel C. Brown

9. Father's Occupation, Horse Shoer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave. City.

Remarks, 1892 0.03058

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11 — 1892
4. Place of Birth, (Street and Number) 321 S. Caroline St.
5. Full Name of Mother, Jennie May McLynn
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph McLynn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks, 18920003059

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 41026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12th 1892
4. Place of Birth, (Street and Number) 53½ Elbow Lane
5. Full Name of Mother, Carrie Lewis.
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 652 N. Lombard St.

Remarks, 8920003060

Wm J C. Dulany Co., City Printers and Stationers.

Section. The Physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 4107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, said report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12th, 1892
4. *Place of Birth, (Street and Number)*	1922 N. Calhoun St.
5. *Full Name of Mother,*	Mary Catherine Watkins
6. *Mother's Maiden Name,*	Towner
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Millard F. Watkins
9. *Father's Occupation,*	Police officer
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	8920003061

JOHN B. PIET, PRINTER & STATIONER, BALT.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A13

RETURN OF A BIRTH. A 41028.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* July 12, 1892

4. *Place of Birth, (Street and Number)* 2521 Canton Ave

5. *Full Name of Mother,* Annie Lawal

6. *Mother's Maiden Name,* Annie Gorman

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* Edward Lawal

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltic

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Laurens St.

Remarks, 8920003062

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

B. 41039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12th 1892
4. *Place of Birth, (Street and Number)*	1326 N Fremont
5. *Full Name of Mother,*	Flora Hunter
6. *Mother's Maiden Name,*	Knack
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Hunter
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler MD
Address,	2100 Druid Hill Ave
Remarks,	18920003063

GM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH. 41030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 12 1892
4. *Place of Birth, (Street and Number)* Maryland Cemetery
5. *Full Name of Mother,* Mrs. Nellie Rodgers
6. *Mother's Maiden Name,* Hoffman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Albert L. Rodgers
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M. H. Carter M.D.

Address, 1800 W. Balto St.

Remarks, 8 9 2 0 0 0 3 0 6 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 12, 1892
4. *Place of Birth, (Street and Number)* 2821 O'donnell St.
5. *Full Name of Mother,* Emma Burgadine
6. *Mother's Maiden Name,* Emma Ritter
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Burgadine
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Inscoe

Address, 726 Eutaw St.

Remarks, 1 8 9 2 0 0 0 3 0 6 5

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the matter and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 12, 1892
4. Place of Birth, (Street and Number) 2263 Gough St
5. Full Name of Mother, Ida, Gibson
6. Mother's Maiden Name, Ida, Frank
7. Mother's Birthplace, Balto.
8. Full Name of Father, Alexander Gibson
9. Father's Occupation, Car conductor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Thos. E. Swayne

Address, 726 Eutaw St.

Remarks, 8920003066

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H1033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12. July
4. Place of Birth, (Street and Number) 919 Hollen St
5. Full Name of Mother, Maggie Rockford
6. Mother's Maiden Name, Maggie Barry
7. Mother's Birthplace, Ireland
8. Full Name of Father, George Rockford
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Zink midwife

Address, N 506 N. High St.

Remarks, 1892 0003067

Wm J C. Dulany Co., City Printers and Stationers.

Persons in charge of births shall ascertain as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41034.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12th July
4. *Place of Birth, (Street and Number)* 711 Hartford Ave
5. *Full Name of Mother,* Annie Stallknacht
6. *Mother's Maiden Name,* Annie Ruby
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* William B Stallknacht
9. *Father's Occupation,* Confectionary
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Rinksmidwife

Address, No. 506 N Haigh St.

Remarks, 8920003068

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 13 - 92
4. Place of Birth, (Street and Number)	903 Forrest St
5. Full Name of Mother,	Alice V. Winters
6. Mother's Maiden Name,	" " Simpson
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Winters
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh
Remarks,	8 9 2 U 0 0 3 0 6 9

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-16-58

RETURN OF A BIRTH. A 41036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Schuster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 13th 1892
4. Place of Birth, (Street and Number)	1146 N Calhoun
5. Full Name of Mother,	Bertha Schuster
6. Mother's Maiden Name,	Brunn
7. Mother's Birthplace,	Chicago
8. Full Name of Father,	Arnold Schuster
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler MD
Address,	2100 Druid Hill Ave
Remarks,	8920003070

Section 2. And be it further enacted, That it shall be the duty of the physician, or practitioner in midwifery, or other person who shall attend upon the mother, at the birth of any child, to make a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 41037.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1892
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Nellie Kurtz.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eby M. D.

Address, 622 N. Lombard St.

Remarks, 8920003071

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13te of Juli
4. *Place of Birth, (Street and Number)*	1934 Lanvan Str
5. *Full Name of Mother,*	Elisabetta Lehlesinger
6. *Mother's Maiden Name,*	Elisabeth Mahrbach
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Peter Lehlesinger
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keeler Midwife
Address,	2116 West Balt Str
Remarks,	8920003072

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L. 41039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11, 1892
4. *Place of Birth, (Street and Number)* 1201 Canton Av
5. *Full Name of Mother,* Catharine Lederman
6. *Mother's Maiden Name,* Catharine Keller
7. *Mother's Birthplace.* Balto
8. *Full Name of Father,* George Lederman
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary C. Swann

Address, 726 Eugene St.

Remarks, 1892000307 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A-41040.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 1892
4. Place of Birth, (Street and Number) Balto 1009 Forrest Place
5. Full Name of Mother, Bertie J. Sanner
6. Mother's Maiden Name, Bertie J. Ray
7. Mother's Birthplace, Ellicott City
8. Full Name of Father, John S. Sanner
9. Father's Occupation, Police man
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Woolen

Address, 936 Greenmount Ave

Remarks, 8920003074

BEING THE SCHEDULE and Contents that of the Births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN MARRIED 1-31-57 A

RETURN OF A BIRTH. H1041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie ~~Cox~~

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 15 — 1892
4. *Place of Birth, (Street and Number)* 114 Covington Av.
5. *Full Name of Mother,* Emma C. Cox
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Franklin Cox
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Washington County Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt St.

Remarks, 8920003075

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41047

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colo
3. *Date of Birth,*	July 13, 1892
4. *Place of Birth, (Street and Number)*	709 Roux St.
5. *Full Name of Mother,*	Elizabeth Klinglehoefer
6. *Mother's Maiden Name,*	Elizabeth Fowler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	David Klinglehoefer
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Thos L Sampson
Address,	726 Eutaw St.
Remarks,	8 9 2 0 0 0 3 0 7 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41043.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 15 96
4.	*Place of Birth, (Street and Number)*	829 Neighbor St.
5.	*Full Name of Mother,*	Delia Gannon
6.	*Mother's Maiden Name,*	" Mahon
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Jno. J. Gannon.
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return.	W D Penny MD
	Address,	700 E. Lanvale St.
	Remarks,	8 9 2 0 0 0 3 0 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 41044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15 — 1892
4. Place of Birth, (Street and Number) 409 S. Caroline St.
5. Full Name of Mother, Cathern Fischer
6. Mother's Maiden Name, Linn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Fischer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bucks County Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Eath St.

Remarks, 8920003078

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

KODAK D S

RETURN OF A BIRTH. 41046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16 1892
4. Place of Birth, (Street and Number) 1505 Hillsman St
5. Full Name of Mother, Lizze Uphoff
6. Mother's Maiden Name, Reilly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Uphoff
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fait St

Remarks, 1 8 9 2 0 0 0 3 0 7 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16 — 1892
4. Place of Birth, (Street and Number) 1414 Gough St.
5. Full Name of Mother, Caroline Krumrein
6. Mother's Maiden Name, Gabeler
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Krumrein
9. Father's Occupation, Moor Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt St.

Remarks, 18920003080

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th, 1892
4. Place of Birth, (Street and Number) 622 N. Lombard St
5. Full Name of Mother, Sallie Weaver
6. Mother's Maiden Name, "
7. Mother's Birthplace, Penn.
8. Full Name of Father, "
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks, 8920003081

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41048.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of July
4. *Place of Birth, (Street and Number)*	112 Callender Alley
5. *Full Name of Mother,*	Maria Foos
6. *Mother's Maiden Name,*	Maria Hoeing
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Foos
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Henler Midwife
Address,	2116 Wood Platt St
Remarks,	8920003082

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 17th 1892
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Mary Harris
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 W. Lombard St.

Remarks,

8920003083

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A10 2-

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41060.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17th, 1892

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Jennie Beesling.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622. N. Lombard st.

Remarks, 8920003084

Wm J C. Dulany Co., City Printers and Stationers.

Number, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

H. H. GAETTER, M. D.
1600 W. BALTIMORE ST.

RETURN OF A BIRTH. A41057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 17th 1892
4. *Place of Birth, (Street and Number)* 106 N Fulton ave
5. *Full Name of Mother,* Mrs Emma Blocker
6. *Mother's Maiden Name,* Banning
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm O. Blocker
9. *Father's Occupation* Cigar Manfr
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M. H. Gaetter Md.

Address, 1800 W Balto St.

Remarks, 1 8 9 2 0 0 0 3 0 8 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4105 N.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	17
4. *Place of Birth, (Street and Number)*	214 Wayne Street
5. *Full Name of Mother,*	Annie Miner
6. *Mother's Maiden Name,*	Annie Williams
7. *Mother's Birthplace,*	Calvert County Md
8. *Full Name of Father,*	James Miner
9. *Father's Occupation,*	Steavadoing
10. *Father's Birthplace,*	Washinton
Name of Medical Attendant, or other Person who makes this Return.	Emily Huges 131 Wilcom alley
Address,	
Remarks,	No remarks

6 92 0 0 0 3 0 8 6

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of said wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

A 41053.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 18, 1892

4. Place of Birth, (Street and Number) 1105 Robinson St.

5. Full Name of Mother, Sarah Hogg

6. Mother's Maiden Name, Sarah Brown

7. Mother's Birthplace, Anne Arundel Co.

8. Full Name of Father, Melville Hogg

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary L. Savage

Address, 726 Luzerne St.

Remarks, 8920003087

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...shall occur without the attendance of a physician or practitioner it shall become and within the period above required, and ...attendance upon the mother, immediately thereafter, in the manner and ...child to report its birth to the Commissioner of Health, in the provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten ($10) dollars for each offence, to be recoverable, ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten ($10) dollars for each offence, to be recoverable, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18 92
4. *Place of Birth, (Street and Number)*	1518 E Broad St
5. *Full Name of Mother,*	Nellie Campbell McGuirk
6. *Mother's Maiden Name,*	Ireland
7. *Mother's Birthplace,*	Patk Campbell
8. *Full Name of Father,*	Mart Dunn
9. *Father's Occupation,*	Ireland
10. *Father's Birthplace,*	U S [illegible] MD
Name of Medical Attendant, or other person who makes this Return,	[illegible] 701 E Chase St
Address,	
Remarks,	8 9 2 0 0 0 3 0 8 8

Rules. This Schedule shall contain a true statement of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 41063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 18th, 1892

4. Place of Birth (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Annie Nickel.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks, 8 9 2 0 0 0 3 0 8 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th of July
4. *Place of Birth, (Street and Number)*	423 Lehmallwood
5. *Full Name of Mother,*	Mathilda Thalmann
6. *Mother's Maiden Name,*	Mathilda Boos
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Thalmann
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	2116 West Pratt St.
Remarks,	8920003090

Wm J C. Dulany Co., City Printers and Stationers.

Attention, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 41057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	July 19, 1892
4. *Place of Birth, (Street and Number)*	712 Howe St.
5. *Full Name of Mother,*	Elizabeth Fischer
6. *Mother's Maiden Name,*	Elizabeth Smink
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Fischer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L Swayne
Address,	726 Luzerne St.
Remarks,	8920003091

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41058.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 19 — 1892
4. Place of Birth, (Street and Number) 315 East St.
5. Full Name of Mother, Minne Habenicht
6. Mother's Maiden Name, Trebert
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Habnicht
9. Father's Occupation, Chinadecorador
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks, 8 9 2 0 0 0 3 0 9 2

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RETURN OF A BIRTH. A 41059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 20 — 1892
4. Place of Birth, (Street and Number) 1015 Eastern Av.
5. Full Name of Mother, Katharina Carr
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alley. Carr Jr.
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920003093

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health, in the child to report its birth as hereinafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41060.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21st 1892
4. *Place of Birth, (Street and Number)*	1626 N. Bond st
5. *Full Name of Mother,*	Maggie Fitzpatrick
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm F. Manning
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Wooden
Address,	996 Gre[illegible] st
Remarks,	8920003094

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41061.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st of July
4. *Place of Birth, (Street and Number)*	331 Bentalou's
5. *Full Name of Mother,*	Maria, M. Boston
6. *Mother's Maiden Name,*	M. M. Kruh
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William P. Barton
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Henles Midwife
Address,	2116 West Pratt St
Remarks,	8920003095

the ascertained the full name of each child, if any shall have
month, the fact as to such as the same can be ascertained, the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health. In the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 July
4. Place of Birth, (Street and Number) 1038 Hillen St
5. Full Name of Mother, Annie M. McGlone.
6. Mother's Maiden Name, Annie Collins
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William J McGlone
9. Father's Occupation, Printer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bink midwife

Address, No 506. N Wolfe St.

Remarks, 8 9 2 0 0 0 3 0 9 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. #1063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 22nd 1892
4. *Place of Birth, (Street and Number)*	122 E. Monument st
5. *Full Name of Mother,*	Elizabeth Ellen Ward
6. *Mother's Maiden Name,*	Elizabeth Ellen Fitzpatrick
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	John James Ward
9. *Father's Occupation,*	Brass Finisher
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	Jno H Roden
Address,	996 Greenmount Av
Remarks,	8920003097

month, and shall set forth as far as the same can be ascertained the name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 41064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born since the last return, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 22 1892
4. *Place of Birth, (Street and Number)*	1148 N Calhoun St
5. *Full Name of Mother,*	Lydia Watts
6. *Mother's Maiden Name,*	Rodgers
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	B. Frank Watts
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	200 Lamdin Hall Ct
Remarks,	8920003098

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

of its parents; the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in th
er in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner
ssioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of
ner or midwife, or should no other person be in
attendance upon the mother, immediately thereafter it shall become
l become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manne
manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with
ply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22 1892
4. Place of Birth, (Street and Number) 212 S. Caroline St.
5. Full Name of Mother, Emma Fach
6. Mother's Maiden Name, Stetters
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Fach
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stine

Address, 1427 E. Pratt St.

Remarks, 8 9 2 0 0 0 3 0 9 9

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A. 4/0666.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 22, 1892
4. *Place of Birth, (Street and Number)* 2311 Fremont Ave
5. *Full Name of Mother,* Emma Hesselmaier
6. *Mother's Maiden Name,* Emma Kemp
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Hesselmaier
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 726 Eutaw St.

Remarks, 8920003100

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 rd
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 22. 1892.
5. *Place of Birth, (Street and Number)* No 1706 Fort Ave
6. *Full Name of Mother,* Agnes Elizabeth McDairmont
7. *Mother's Maiden Name,* Annie Franke
8. *Mother's Birthplace,* Germa
9. *Full Name of Father,* Thomas McDairmont
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, No 1619 Cuba St

Remarks, 8920003101

All the questions in the above schedule must be answered as to each child, if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-41068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23 1892
4. Place of Birth, (Street and Number)	1719 Bond St.
5. Full Name of Mother,	Annie Johnson
6. Mother's Maiden Name,	Annie E. Howard
7. Mother's Birthplace,	Fredrick
8. Full Name of Father,	Charles A. Johnson
9. Father's Occupation	Conductor
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return,	M. K. Caskey
Address,	213 E. Heath St.
Remarks,	Doing Well

8 9 2 0 0 0 3 1 0 2

month, and shall set forth as far as the same can be ascertained, the full name of each child, the name of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 23
4. *Place of Birth, (Street and Number)*	809 N eighbor St.
5. *Full Name of Mother,*	Mary Fowler
6. *Mother's Maiden Name,*	Mary Mc Cusker
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	W. George Fowler
9. *Father's Occupation,*	driver
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Miss Worden
Address,	926 Greenmount Ave.
Remarks,	8920003103

Health. This schedule shall contain a true record of the facts required the full name of each child (if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 41070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st
4. Place of Birth, (Street and Number) 3071 Elliot St
5. Full Name of Mother, Margret Ellen Costello
6. Mother's Maiden Name, Margret Ellen O'hara
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Joseph Costello
9. Father's Occupation, Rail Road Conductor
10. Father's Birthplace, Wilmington Del

Name of Medical Attendant, or other person who makes this Return, Wm. P. Zirkenmann

Address, 925 Hare street

Remarks, 8920003104

Wm J C. Dulany Co., City Printers and Stationers.

Every birth which shall occur in the City of Baltimore after the first day of January, 1875, shall be registered within ten days after the occurrence thereof, with the Registrar of Vital Statistics, by the physician or midwife in attendance upon the mother, or in case there shall be no physician or midwife in attendance, then by the householder of the house in which the birth shall occur, or by the nearest relative of the child in the city, or by the agent of any institution to which the child may be removed within ten days after birth, or by the person having charge of the child; and the said Registrar shall furnish blank forms for the purpose of such registration, and shall preserve the records of the same in his office. The said Registrar shall record the name, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 July
4. *Place of Birth, (Street and Number)* 1317 Eager st.
5. *Full Name of Mother,* Henrigunde Thollmann
6. *Mother's Maiden Name,* = Theinz
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Holtmann
9. *Father's Occupation,* =
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 N. Cent. Av.

Remarks, 6 9 2 0 0 0 3 1 0 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the 6th of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth. 1 July
4. Place of Birth, (Street and Number) 1015 Eaton st.
5. Full Name of Mother, Rose Murphy
6. Mother's Maiden Name, = Feilong
7. Mother's Birthplace, Balt.
8. Full Name of Father, Edward Murphy
9. Father's Occupation, =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Ave.

Remarks, 6920003106

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st July 1892
4. *Place of Birth, (Street and Number)* Luzerne Str. 809
5. *Full Name of Mother,* Mary Mark Trigel
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Jacob Mark
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1 N. Fasterla Ave.

Remarks, 8 9 2 0 0 0 3 1 0 7

Wm J C Dulany Co City Printers and Stationers.

Name, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. # 4074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 1892
4. *Place of Birth, (Street and Number)* # 1731 Hope st
5. *Full Name of Mother,* Theresa M. B. McNally
   Gutterlet
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernard McNally
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station City

Remarks, 18920003108

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, July 2nd 1
4. Place of Birth, (Street and Number) #1030 McCulloh St.
5. Full Name of Mother, Stella Watkins
6. Mother's Maiden Name, Stella Watkins
7. Mother's Birthplace, Essex Co Virg.
8. Full Name of Father, George Stearns
9. Father's Occupation, Hod-Carrier
10. Father's Birthplace, Not Known to Patient

Name of Medical Attendant, or other person who makes this Return, James Ernest Stokes M.D.

Address, Bon Samaritan Hosp. #1030 McCulloh St. City.

Remarks, 8920003109

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

410 76.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 2 - 92
4.	*Place of Birth, (Street and Number)*	1256 Columbia Ave
5.	*Full Name of Mother,*	Mrs Sarah Jones Graham
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Chas Graham
9.	*Father's Occupation,*	Builder
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	E. E. Illsley M.D.
	Address,	Union Square
	Remarks,	1892000311 0

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RETURN OF A BIRTH. A 41077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2d day of July 1892
4. Place of Birth, (Street and Number) 1416 Andre Street Locust Point
5. Full Name of Mother, Emilie Reidt
6. Mother's Maiden Name, Emilie Emerick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Reidt
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 Towson Street Locust Point

Remarks, 8920003111

...name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 41078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) girl 7

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 July
4. Place of Birth, (Street and Number) 826 Pitcher st.
5. Full Name of Mother, Cecilia McCarty
6. Mother's Maiden Name, = Conroy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick McCarty
9. Father's Occupation,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl. St.

Remarks, 8920003112

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 41079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 3, 1892.
4. Place of Birth, (Street and Number) 926 Hughes ave.
5. Full Name of Mother, Maggie E. Shaner.
6. Mother's Maiden Name, Dye.
7. Mother's Birthplace, Va.
8. Full Name of Father, John L. Shaner.
9. Father's Occupation, Millo operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8 9 2 0 0 0 3 1 1 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3rd 1892

4. Place of Birth, (Street and Number) S. Port Str. 510

5. Full Name of Mother, Maggie Jones

6. Mother's Maiden Name, " Ashacok

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. Jones

9. Father's Occupation, Laberer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Geo. Deisenhoffer

Address, 6x6 Eastern Ave

Remarks, 8 9 2 0 0 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 41081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th July 1892
4. *Place of Birth, (Street and Number)* 42 E Wehage St
5. *Full Name of Mother,* Amanda Voice Moon
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Thomas Voice
8. *Full Name of Father,* Horseman Co 12 Engine Co
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Elizabeth Gerwell

Name of Medical Attendant, or other person who makes this Return.

Address, 436 E Fort Ave

Remarks, 8920003115

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1892
4. Place of Birth, (Street and Number) Pleasant Alley 2014
5. Full Name of Mother, Mary Appel
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Appel
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 8920 003 [illegible] Eastern Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~)

1. *Sex,* (*state whether* ~~*male or*~~ *female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* July 5th 1877
4. *Place of Birth,* (*Street and Number*) 914 Harford Ave.
5. *Full Name of Mother,* Carrie Erwin
6. *Mother's Maiden Name,* Russell
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Wm. J. Erwin
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Harford Co. - Md.

Name of Medical Attendant, or other person who makes this Return. B. Mitnick, M.D.,

Address, 406 N. Exeter st.

Remarks, 8920003117

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the occupation in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner or midwife, to the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5 1892
4. *Place of Birth, (Street and Number)* 239 Regester St
5. *Full Name of Mother,* Mary Lippert
6. *Mother's Maiden Name,* Evans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lippert
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant or other person who makes this Return, Mrs. Rosenhofer

Address, 892 Eastern Ave

Remarks, 8920000 [illegible]

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1892
4. Place of Birth, (Street and Number) 1801 Jefferson Ave.
5. Full Name of Mother, Florence V. Whittington
6. Mother's Maiden Name, " " Rankin
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Joseph S. Whittington
9. Father's Occupation, School Teacher
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station City

Remarks, 8920003119

Wm J C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practition
practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Comm
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
ner of Health. In case the birth of any child
ner or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 41088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: August Berkemeier

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1892
4. Place of Birth, (Street and Number) S. Washington Av. 413 Berkemeier
5. Full Name of Mother, Mary Elizabeth Berkemeier
6. Mother's Maiden Name, " Loos
7. Mother's Birthplace, " Balto.
8. Full Name of Father, Geo. Berkemeier) Berkemeier
9. Father's Occupation, Stevedore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 806 Eastern Ave.

Remarks, 1892 0003

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full time of each child. if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall within the period above required, and shall occur without the practitioner of midwifery, or should no other parents of such jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 41087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1892
4. *Place of Birth, (Street and Number)* Canton Ave. 1618
5. *Full Name of Mother,* Anni Brecht
6. *Mother's Maiden Name,* " Manos
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Brecht
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 3 1 2 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 41088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 6. 1892
4.	*Place of Birth, (Street and Number)*	824 W. Pratt St.
5.	*Full Name of Mother,*	Lizzie Strasser
6.	*Mother's Maiden Name,*	Lizzie Schmidt
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Charles A Strasser
9.	*Father's Occupation,*	Constable.
10.	*Father's Birthplace,*	Pforzheim Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Dorbach
	Address,	4 739 W Pratt
	Remarks,	8920003122

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

H1089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 6, 1892.
4. Place of Birth, (Street and Number) 130 Chestnut ave.
5. Full Name of Mother, Josephine D. Dorsey.
6. Mother's Maiden Name, Jardine.
7. Mother's Birthplace,
8. Full Name of Father, John W. Dorsey
9. Father's Occupation, Mill Operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8920003123

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of the parents, the date and place of birth; and the name and residence of the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in third day of each and every month to the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tion of its parents, the date and place of birth; and the
been conferred his sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissi
shall occur without the attendance of a physician or practitione
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recover

RETURN OF A BIRTH. (over) A 41090.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	(Male) Robert E. Lee
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 7 '97
4. Place of Birth, (Street and Number)	874 E. Eutaw St.
5. Full Name of Mother,	Jennie Lee
6. Mother's Maiden Name,	Laskis
7. Mother's Birthplace,	MD
8. Full Name of Father,	R.E. Lee
9. Father's Occupation,	Conductor AR
10. Father's Birthplace,	MD
Name of Medical Attendant, or other person who makes this Return,	J.H. Robinson MD,
Address,	936 N. Paca St
Remarks,	8920003124

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

[redacted] 8/23/16 A 4091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Samuel H. Coleman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth, July 4th 1892
4. Place of Birth, (Street and Number) #1030 McCulloh St
5. Full Name of Mother, Fannie Coleman
6. Mother's Maiden Name, Fannie Colrman.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Not Known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, James Ernest Stokes M.D.

Address, Good Samaritan Hospital #1030 McCulloh St.

Remarks, 1892000 3125

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 41097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2 1892
4. *Place of Birth, (Street and Number)* # 3 Brady Ave
5. *Full Name of Mother,* Emma G White
6. *Mother's Maiden Name,* Straub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John White
9. *Father's Occupation,* Animal trainer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly Station City

Remarks, 8920003126

Every child born alive in the City of Baltimore, its sex, color, the full name and occupation of its parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 8, 1892.
4. Place of Birth, (Street and Number) 2421 Oak St.
5. Full Name of Mother, Adelia Atkins.
6. Mother's Maiden Name, Bailey.
7. Mother's Birthplace, Md.
8. Full Name of Father, John G. Atkins.
9. Father's Occupation, Car-driver.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Edw. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8920-003127

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. C. 41094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male - Ellsworth C. Machin
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 1892.
4. *Place of Birth, (Street and Number)* 2547 Oak St
5. *Full Name of Mother,* Catharine Machin
6. *Mother's Maiden Name,* Catharine Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lawrence Machin
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Carlyle - Penn

Name of Medical Attendant, or other person who makes this Return, Dr H Everhart

Address, 213 W 26th St

Remarks, Full name of child added by mother upon applying for 0 7 2 0 0 3 1 2 8 - Ruth Linder Clerk
x Transcript Cornelia Ellsworth Machin
Another
January 12-1932

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ain be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in t
third day of each and every month to the office of the Commissioner of
shall occur without the mother, immediately thereafter, in the manne
attendance upon the mother, the Commissioner of Health, in the manner
child to report its birth to the Commissioner of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1892
4. Place of Birth, (Street and Number) Lenkins Lane Annex
5. Full Name of Mother, Kate E. Robertson
6. Mother's Maiden Name, " " Kissling
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Elias E. Robertson
9. Father's Occupation, Street Grader
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly Station City

Remarks, 1892000 3129

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 9.
4. *Place of Birth, (Street and Number)*	1001 Sharp St
5. *Full Name of Mother,*	Ida Yeacker Ryder
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Chas. W. Yeacker
9. *Father's Occupation,*	barber
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J. C. Burch M.D.
Address,	511 Stannard
Remarks,	1892000 3130

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9th 1892
4. Place of Birth, (Street and Number) 2843 Fulton Ave.
5. Full Name of Mother, Mary Virginia M. Sherry
6. Mother's Maiden Name, Mary Virginia Adams
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Charles H. McSherry
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2645 Frances St.

Remarks, 8920003131

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A 41098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1892
4. *Place of Birth, (Street and Number)* 223 Gutman Ave
5. *Full Name of Mother,* Mary J. McClain
6. *Mother's Maiden Name,* Cikoot
7. *Mother's Birthplace,* Baltimore Co md
8. *Full Name of Father,* William J McClain
9. *Father's Occupation,* Bailer maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly station city

Remarks, 1892000 3132

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A41049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, July 10th 1892
4. *Place of Birth*, (*Street and Number*) 707 Druid Hill ave
5. *Full Name of Mother*, Eva Walters
6. *Mother's Maiden Name*, Eva Kreimer
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, Andrew Walter
9. *Father's Occupation*, Shoemaker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. J. C. Keller M D

Address, 222 N. Monument st

Remarks, 8920003133

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d &c) 7111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10 1892
4. Place of Birth, (Street and Number) Eastern Ave. 1813
5. Full Name of Mother, Magdalena Schmidt
6. Mother's Maiden Name, Eppel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Schmidt
9. Father's Occupation, Machinist
10. Father's Birthplace, Italy.

Name of Medical Attendant, or other person who makes this Return, Wm. Brumbaugh

Address, 1863 Eastern Ave.

Remarks, 8 9 2 0 0 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 4101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 vd "
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 10 - 92
4.	*Place of Birth, (Street and Number)*	1086 N Gilmor St
5.	*Full Name of Mother,*	Mrs Katie Dunbar Thorp
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Canada
8.	*Full Name of Father,*	Frank Thorp
9.	*Father's Occupation,*	Draughtsman
10.	*Father's Birthplace,*	England
	Name of Medical Attendant, or other person who makes this Return,	D. E. Ullrich M.D.
	Address,	Union Square
	Remarks,	8920003135

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 41107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10, 1892
4. Place of Birth, (Street and Number) 1101 Fallsway
5. Full Name of Mother, Elise B Rimpel
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Fred'k Co.
8. Full Name of Father, J. Fred Rimpel
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Brent Crouch M.D.

Address, Eager & Wilkes

Remarks, 8920003136

The sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 11-18-52

RETURN OF A BIRTH. A 111183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Herbert Guye Walter
1.	*Sex, (state whether male or female)*	Male White
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	July 11-10-1892-97
4.	*Place of Birth, (Street and Number)*	1834 St Giles Rd
5.	*Full Name of Mother,*	Mrs ~~Louise~~ Fannie ~~Rachel~~ Hallen
6.	*Mother's Maiden Name,*	Fannie M. Babylon
7.	*Mother's Birthplace,*	Penna
8.	*Full Name of Father,*	Harry Hallen
9.	*Father's Occupation,*	Carriage Painter
10.	*Father's Birthplace,*	Penna
	Name of Medical Attendant, or other person who makes this Return,	D. E. Wilmer M.D.
	Address,	Lincoln Square
	Remarks,	8920003137

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. H1104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male FRANK ANTHONY DICKEY

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 97.

4. Place of Birth, (Street and Number) 1610 Chew St.

5. Full Name of Mother, Isabella Dickey

6. Mother's Maiden Name, Isabella Dickey Altmeyer

7. Mother's Birthplace, N.Y.

8. Full Name of Father, Leonard Dickey

9. Father's Occupation, Major builder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. A. Robinson

Address, 326 E. Preston St.

Remarks, 8920003138

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 41105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1, 1892
4. *Place of Birth, (Street and Number)*	1227 Guilford Ave
5. *Full Name of Mother,*	Jannet F. Mason
6. *Mother's Maiden Name,*	Evans
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas J. Mason
9. *Father's Occupation,*	Real Estate broker
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J. F. Crouch M.D
Address,	Eager & Wilcox
Remarks,	8920003139

NOTICE.—The physician, midwife or other person who shall fail to report the birth of any child, as required by section 4 of the ordinance of which this is a part, shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Blanche Godwin First

1. Sex, (state whether male or female) ~~Two~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11. 1892
4. Place of Birth, (Street and Number) 703 Cumberland St
5. Full Name of Mother, Minnie Taylor Godwin
6. Mother's Maiden Name, Minnie Taylor
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, Daniel H. Godwin
9. Father's Occupation, Baggage Agent
10. Father's Birthplace, Harford County Md.

Name of Medical Attendant, or other person who makes this Return. Geo. E. Shannow M.D

Address, 1142 Lanvale St.

GIVEN DATE ADDED. 8-5-52

Remarks, 8920003140

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth in full the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 41107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1892

4. Place of Birth, (Street and Number) 1412 N Central ave

5. Full Name of Mother, Mary H. Bishop Shields

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm. Bishop

9. Father's Occupation, Salesman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Same J. Walsh M.D

Address, 314 N Eutaw St

Remarks, 8920003141

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 41108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~30 July~~ 11 July 92
4. *Place of Birth, (Street and Number)* 226. Parkin st
5. *Full Name of Mother,* Catline Brohm
6. *Mother's Maiden Name,* Catline Bomberg
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Paul Brohm
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Sebach 735 W Pratt st

Address,

Remarks, 6 9 2 0 0 0 3 1 4 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-22-65

RETURN OF A BIRTH. A 41109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Lillian Maude Diggs
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11th 1892
4. *Place of Birth, (Street and Number)* S. Caroline St. 214
5. *Full Name of Mother.* Rina Diggs
6. *Mother's Maiden Name,* Handley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Diggs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 1826 Eastern Ave

Remarks, 8920003 1826

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 11th 1892

4. *Place of Birth, (Street and Number)* Garrison Ave - near

5. *Full Name of Mother,* Mary E Stifley

6. *Mother's Maiden Name,* " " Kelly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Reid S. Stifley

9. *Father's Occupation,* Telegrapher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rawlins M D

Address, Waverly Station City

Remarks, 1892000 3144

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 4111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, July 12 92
4. Place of Birth, (Street and Number) 407 Maryland Ave
5. Full Name of Mother, Pepie M. Fisher
6. Mother's Maiden Name,
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Edward A. Fisher
9. Father's Occupation, Coachman
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, N. E. B. Gilbert Md.

Address, 1813 N. Calvert St.

Remarks, 1892 0003145

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, in the premises, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12 th 1892
4. Place of Birth, (Street and Number) 707 N Lanvale St.
5. Full Name of Mother, Agnes M Fisher
6. Mother's Maiden Name, Agnes M Mohrman
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Howard Fisher
9. Father's Occupation, Grocer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J G Keller MD

Address, 222 N. Monument St

Remarks, 6 9 2 0 0 0 3 1 4 6

The full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1892
4. *Place of Birth, (Street and Number)* 241 Jackson st. Homestead
5. *Full Name of Mother,* Mary A Walf
6. *Mother's Maiden Name,* Mc Laughlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Pius Walf
9. *Father's Occupation,* Basket Maker
10. *Father's Birthplace,* Baltimore Co and -

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station - City

Remarks, 8920003147

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13th 1892
4. *Place of Birth, (Street and Number)* 1322 N. Chucken St.
5. *Full Name of Mother,* Nannie E. Bowman
6. *Mother's Maiden Name,* Nannie E. Robinson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Henry C. Bowman
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. J. H. Walker, M.D.

Address, 222 N. Monroe St

Remarks, 8920003148

(Each child born alive, or dead after the period of gestation has been completed, or which has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH. A 41115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Charles W. Bald Jr.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 15
4. *Place of Birth, (Street and Number)*	19 E. Fort ave
5. *Full Name of Mother,*	Lizzie Baer
6. *Mother's Maiden Name,*	" Bischel
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Chas. W. Baer
9. *Father's Occupation,*	baker
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J. C. Bunce MD
Address,	5 E. Saratoga
Remarks,	1892000031149

said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) 16 July
3. Date of Birth,
4. Place of Birth, (Street and Number) 1614 Joseph st.
5. Full Name of Mother, Anna Adelheit
6. Mother's Maiden Name, Fiedler
7. Mother's Birthplace, Germanie
8. Full Name of Father, John Adelheit
9. Father's Occupation, =
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 925 N. East Ave.

Remarks, 1892000315 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6 1892
4. *Place of Birth, (Street and Number)* Eastern Ave 1515
5. *Full Name of Mother,* Eda Buring Rheinhardt
6. *Mother's Maiden Name,* Buring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Rheinhardt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Driesenhofer

Address, 1806 Eastern Ave

Remarks, 1 8 9 2 0 0 0 3 4 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

41118.

To the Office of Registrar of Vital Statistics, Board of ~~Health~~, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d &c.)	4
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 16 1892
4. *Place of Birth, (Street and Number)*	1 Bartee St 622
5. *Full Name of Mother,*	Clara Albrts
6. *Mother's Maiden Name,*	" Schultz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fred. Albrts
9. *Father's Occupation,*	Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Driesenhofer
Address,	
Remarks,	1892000 8165 Gaston Ave.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-1-52

RETURN OF A BIRTH.

41119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ruby May Vogts 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 16, 1892.
4. Place of Birth, (Street and Number) 526 Lenth St.
5. Full Name of Mother, Minnie Fostie Vogts
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, Md.
8. Full Name of Father, Martin L. Vogts
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8920003153

Wm. J. C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Com- or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practi- er it, shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter. It sh- child to report its birth to the Commissioner of Health. In t- any such person or persons who shall hereafter fail to co- jected to the fine of ten (10) dollars for each offence, to be re- to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 11120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 July
4. *Place of Birth, (Street and Number)* 932 Eden st.
5. *Full Name of Mother,* Birdie Murphy
6. *Mother's Maiden Name,* = Foster
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Robert W. Murphy
9. *Father's Occupation,* =
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Von Cul Av.

Remarks, 8920003154

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-3-52

43376.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Roy Charles Hax

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

(state whether male or female) male

or Color, (if not of the white race) white

of Birth, Nov. 1, 1892

of Birth, (Street and Number) 1250 Mendenhall St

Name of Mother, Lilie M. Hax

r's Maiden Name, Lilie M. Mason

r's Birthplace, Baltimore

Name of Father, Edwin Hax

's Occupation, Coal Dealer

's Birthplace, Baltimore

of Medical Attendant, or other person who makes this Return, Mary Walker

s, 428 N. Bond St

s, 8920003155

AND STATIONERS.

RETURN OF A BIRTH. A 11121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 - 92
4. *Place of Birth, (Street and Number)* 1608 Druid Hill Ave
5. *Full Name of Mother,* Mrs Fannie Boyce Hearn
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jas O'Hearn
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E. J. Ullrich M.D.

Address, Union Square

Remarks, 8 9 2 0 0 0 3 1 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ascertained) the full name of each child, (if any shall have ...as the same can be ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of its ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner in the form of a certificate between the first and ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-9-57

RETURN OF A BIRTH. A 41722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thomas Patrick ~~Kelly~~ 3-d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17, 1892
4. Place of Birth, (Street and Number) 427 W. Orleans St
5. Full Name of Mother, Mollie Kelly
6. Mother's Maiden Name, " Conway
7. Mother's Birthplace, City
8. Full Name of Father, Michael A. Kelly
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, D. C. Bunch MD

Address, 571 Hanover St

Remarks, 8 9 2 0 0 0 3 1 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 18 1892
4. Place of Birth, (Street and Number)	1111 Bowen st
5. Full Name of Mother,	Mary W Ridgaway
6. Mother's Maiden Name,	" " Todd
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Wm E Ridgaway
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	8920003158

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18, 1892
4. Place of Birth, (Street and Number) 1539 E Baltimore St
5. Full Name of Mother, Annette E Lineton
6. Mother's Maiden Name, Hook
7. Mother's Birthplace, Anne Arundel Co
8. Full Name of Father, Alonzo G Lineton
9. Father's Occupation, Foreman in tinshop
10. Father's Birthplace, Howard Co.

Name of Medical Attendant, or other person who makes this Return. J Frank Cornell M.D.

Address, Eager & Wilkins

Remarks, + 8920003159

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and occupation of the practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed by the Commissioner of Health, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of midwifery, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41125.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18
4. *Place of Birth, (Street and Number)*	508 N. Consilman
5. *Full Name of Mother,*	Ella Schoenwolf
6. *Mother's Maiden Name,*	" Jordan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Schoenwolf
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J. C. Dunch M.D
Address,	571 Hanover St
Remarks,	8920003160

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18
4. *Place of Birth, (Street and Number)*	121 E. West St
5. *Full Name of Mother,*	Mary Stockhausen
6. *Mother's Maiden Name,*	" Haberkorn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas Stockhausen
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	L. C. Bruch MD
Address,	57 Hanover st
Remarks,	8 9 2 0 0 0 3 1 6 1

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tion of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

41127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 18th 1892
4.	*Place of Birth, (Street and Number)*	2606 Frances St.
5.	*Full Name of Mother,*	Jennie V. Fee
6.	*Mother's Maiden Name,*	Jennie V. Newman
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	George W. Fee
9.	*Father's Occupation,*	Blacksmith
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
	Address,	2645 Frances St.
	Remarks,	8920003162

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Over

A 4128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20 (June 19 92
4. Place of Birth, (Street and Number) 312 Monroe St
5. Full Name of Mother, Mrs Nellie Dennis Davis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Chas H Davis
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D. E. Lemmon M.D.

Address, Lemmon Square

Remarks, Full name of child Ruth Harris Davis

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...ascertained the full name of each child, (if any shall have ...same can be ascertained) its sex, color, the full name and occupation ...parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person living in ...it shall become the duty of the person or parents of such ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 19, 1892
4. Place of Birth, (Street and Number) 136 Hickory ave.
5. Full Name of Mother, Alice May Caruppo.
6. Mother's Maiden Name, Heidt.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Henry Caruppo
9. Father's Occupation, Waterman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8920003164

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A41130.

GIVEN NAME ADDED 1-14-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eva Catherine Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 21 1892
4. Place of Birth, (Street and Number)	733 Ramsey St
5. Full Name of Mother,	Elizabeth Miller
6. Mother's Maiden Name,	" Weeks
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	August H Miller
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Kahaun
Address,	
Remarks,	8920003165

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 4/1/31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Mulatto.
3. *Date of Birth,* July 22nd 92
4. *Place of Birth, (Street and Number)* #1030 McCulloh St.
5. *Full Name of Mother,* Alberta Hilliard.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Church Hill. Queen Anne's Co. Maryland.
8. *Full Name of Father,* John W Mathews
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Unknown to Patient

Name of Medical Attendant, or other person who makes this Return, James Ernest Stokes M.D.

Address, Good Samaritan Hospital. #1030 McCulloh St City.

Remarks, 8920003166

been conferred) its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 11137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 sc

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, July 22 sc

4. Place of Birth, (Street and Number) #1030 McCulloh st

5. Full Name of Mother, Bessie Elizabeth Georgie Miller Bundy

6. Mother's Maiden Name, Bessie Elizabeth Georgie Miller Buckner

7. Mother's Birthplace, Caroline Co Virg

8. Full Name of Father, William Frost

9. Father's Occupation, Driver of milk wagon

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, James Ernest Stokes M.D.

Address, Good Samaritan Hosp #1030 McCulloh St City

Remarks, 8 9 2 0 0 0 3 1 6 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 22 1892
4. *Place of Birth, (Street and Number)*	508 Sheppard St
5. *Full Name of Mother,*	Lucy Carney
6. *Mother's Maiden Name,*	" Soule
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Carney
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	8920003168

been conferred, his sex, color, the full name and occupation of the father, the date and place of birth of the child, the number of the child of the mother, the first and last name of the mother before marriage

RETURN OF A BIRTH

4134.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward William Smiley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 22/92
4. Place of Birth (Street and Number),	1250 Sargeant
5. Full Name of Mother,	Ella Smiley
6. Mother's Maiden Name,	" Cogan
7. Mother's Birthplace,	England
8. Full Name of Father,	Wm. James Smiley
9. Father's Occupation,	Hatter
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	H. C. Whitt M.D.
Address,	520 Scott St.
Remarks,	12-2-54

1892 0003169

This Return must be made as far as the same can be ascertained the full name of the child, the date and place of birth; and the said schedule and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become and within the period above required, and any such person or persons the Commissioner of Health, in the manner and subject to the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

H1135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 23 1892
4. *Place of Birth, (Street and Number)*	413 S Paca
5. *Full Name of Mother,*	Mary Wilkerson Foxwell
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Chas Wilkerson
9. *Father's Occupation,*	Railroad man
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	8920003170

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 23, 1892.
4. *Place of Birth, (Street and Number)* 85 Brick Hill, Ant. Bennett
5. *Full Name of Mother,* Mollie Virginia Limbrick
6. *Mother's Maiden Name,* Martin.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* John William Limbrick.
9. *Father's Occupation,* Watchman at mills.
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks, 8920003171

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-21-52

RETURN OF A BIRTH. A 41137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Clara Elva ~~Wilson~~ 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 23, 1892.
4. Place of Birth, (Street and Number) 422 W. Fourth St.
5. Full Name of Mother, Rachel A. Wilson
6. Mother's Maiden Name, Fenton
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm C. Wilson.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8920003172

been conferred (its sex, color, the full name and occupation of the parents, and the date and place of birth, and the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or other person in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4/1/38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23.
4. Place of Birth, (Street and Number) Hull St 1302.
5. Full Name of Mother, Agnes Fox
6. Mother's Maiden Name, Agnie Mcnulty
7. Mother's Birthplace, Irland
8. Full Name of Father, Jim Fox
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mrs Ette

Address, No 1619 Cuba St

Remarks, 8920003173

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

H. H. [illegible], M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH. 11139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23rd 1892
4. Place of Birth, (Street and Number) 2149 W. Lexington St.
5. Full Name of Mother, Mrs Julia Bunn Cramer
6. Mother's Maiden Name, Md
7. Mother's Birthplace, Joseph Bunn
8. Full Name of Father, Butcher
9. Father's Occupation Md
10. Father's Birthplace, M H Cauley M.D.

Name of Medical Attendant, or other person who makes this Return, 1800 W Balto St.

Address, 18920003174

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the parents, the father and mother, of every child born in the City of Baltimore, and of the physician, midwife, or other person present at the birth, to report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of children of the mother now living, of which a certificate has been conferred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, or should no other person or parents, of such shall occur without the mother, immediately thereafter it shall become the duty of the person or practitioner of midwifery, or physician in attendance upon the mother, immediately thereafter it shall become the duty of the person or midwifery, or physician in attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner of

GIVEN NAME ADDED. 6-12-56

RETURN OF A BIRTH. 41140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Elsie Naomi Eckert
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	2d. Dec. 1892
4. Place of Birth, (Street and Number)	620 Constitution st.
5. Full Name of Mother,	Heathern Eckert
6. Mother's Maiden Name,	Heathern Wolfert
7. Mother's Birthplace,	Hanover Pa.
8. Full Name of Father,	Luther Eckert
9. Father's Occupation,	Brackman
10. Father's Birthplace,	Hanover Pa.
Name of Medical Attendant, or other person who makes this Return,	Mrs. D. Pinkmeister
Address,	No 506. N. High St.
Remarks,	8920003175

said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23rd July 1892
4. Place of Birth, (Street and Number) 722 Font Ave
5. Full Name of Mother, Sarah Bowerman Hartlove
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Phillip Bowman
8. Full Name of Father, Cannaken
9. Father's Occupation, Baltimore
10. Father's Birthplace, Elizabeth Yewell

Name of Medical Attendant, or other person who makes this Return,

Address, 436 E Font Ave

Remarks, 8920003176

Wm J C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FILM

RETURN OF A BIRTH.

4/1147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23d 1892
4. Place of Birth, (Street and Number) N 15 Rear St Amer
5. Full Name of Mother, Kate Jacobs
6. Mother's Maiden Name, " Bessel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Jacobs
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, Waverly Station City

Remarks, 1892000317 7

Wm J C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH A 41143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Michael John Leonard

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 24 — 1892
4. *Place of Birth, (Street and Number)* 1 Bounty Lane
5. *Full Name of Mother,* (Celie Lennart) Celia Leonard
6. *Mother's Maiden Name,* (Flaherty) Flaherty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael (Lennard) Leonard
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920003178

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 41144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, July 24th 1892

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Adeline Butler.

6. Mother's Maiden Name, Adeline Hunsley.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks, 8920003179

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41145.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* July 24, 1892

4. *Place of Birth, (Street and Number)* 3131 O'donnell St.

5. *Full Name of Mother,* Katie Brown

6. *Mother's Maiden Name,* Katie McCarthy

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* James Brown

9. *Father's Occupation,* Pilot

10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 726 Luzerne St.

Remarks, 1 8 9 2 0 0 0 3 1 8 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41146.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24, 1896
4. Place of Birth, (Street and Number) Port ale 625
5. Full Name of Mother, Kedy Pedersen
6. Mother's Maiden Name, Kedy Heame
7. Mother's Birthplace, Baltimore md.
8. Full Name of Father, Peder Pedersen
9. Father's Occupation, Labour
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return. Ellen Smyth

Address, 1913 Eastern ave City

Remarks, 8920003181

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of such person to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 24, 1892
4. *Place of Birth, (Street and Number)*	935 Harris St.
5. *Full Name of Mother,*	Mary Edler
6. *Mother's Maiden Name,*	Mary Lebrun
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Peter Edler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St
Remarks,	1 8 9 2 0 0 0 3 1 8 2

...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...ctitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...recovered, as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall be ...child to report its birth to the Commissioner of Health, in the ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten (10) dollars for each offence, to be recovered

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-18-49

GIVEN NAME ADDED 3-18-49

A 41148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rae Elizabeth Gminder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24, 1892
4. Place of Birth, (Street and Number) 1111 Barclay
5. Full Name of Mother, Lillian V. (Gminder) Gminder
6. Mother's Maiden Name, Mills
7. Mother's Birthplace, Balto.
8. Full Name of Father, Albert J. (Gminder) Gminder
9. Father's Occupation, Teacher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. F. Crouch
Eager & Wilcox

Address,

Remarks, 8920003183

been conferred (its sex, color, the full name and occupation of its parents, the number of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 141149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 24 1892
4. *Place of Birth, (Street and Number)*	628 Hamburg
5. *Full Name of Mother,*	Annie Hatch
6. *Mother's Maiden Name,*	" Beacham
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Fillmore Hatch
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	+ 8 9 2 0 0 0 3 1 8 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 July
4. *Place of Birth, (Street and Number)* Belair Road
5. *Full Name of Mother,* Lizzie Register
6. *Mother's Maiden Name,* = Eisenhardt
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Charles Register
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cal. Av.

Remarks, 8920003185

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 41157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24 92
4. *Place of Birth, (Street and Number)*	709 E. Biddle St
5. *Full Name of Mother,*	M. J. Slaysman Wilson
6. *Mother's Maiden Name,*	Md
7. *Mother's Birthplace,*	Aug. Slaysman Jr.
8. *Full Name of Father,*	Machinist
9. *Father's Occupation,*	Md
10. *Father's Birthplace,*	J. H. Robinson Md.
Name of Medical Attendant, or other person who makes this Return,	726 E. Preston St
Address,	
Remarks,	8920003186

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4115 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 24 — 1892

4. Place of Birth, (Street and Number) 1621 Ray st.

5. Full Name of Mother, Jennie ~~Gibbons~~ Gibson

6. Mother's Maiden Name, Imhof

7. Mother's Birthplace, America

8. Full Name of Father, James ~~Gibbons~~ Gibson

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Schwasser midwife

Address, 1032 Hanover st.

Remarks, 18920003187

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female. Rachel Goldberg.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 24, 1892.
4. Place of Birth, (Street and Number) Camden St. #218, 1892.
5. Full Name of Mother, Mary Goldberg.
6. Mother's Maiden Name, Mary Rinken.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Simon Goldberg.
9. Father's Occupation, Pants Maker.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Lena Barlow.

Address, #1. S. Milford st.

Remarks, 8920003188

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 41154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 1892
4. Place of Birth, (Street and Number) 1 Castle 222
5. Full Name of Mother, Katie Hardy
6. Mother's Maiden Name, " Burg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hardy
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Diffenbacher

Address, 806 Eastern Ave.

Remarks, 8 9 2 0 0 6 3 1 8 9

the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Com-

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24, 1892.
4. Place of Birth, (Street and Number) 2419 Oak St.
5. Full Name of Mother, Mary C. McCauley.
6. Mother's Maiden Name, Peacock.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Amos O. McCauley.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1892 0003190

by the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the p
third day of each and every month to the office of the
e of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or
cian or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto annexed, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. # 41106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th July
4. *Place of Birth, (Street and Number)* 1135 Battery ave
5. *Full Name of Mother,* Katy Hearn
6. *Mother's Maiden Name,* Katy Long
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Hearn
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catherina Brunch

Address, Garrison Lane near Franklin

Remarks, 8920003191

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41167.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 1892

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 July 1892
4. Place of Birth, (Street and Number) Balt 107 N. Amity st
5. Full Name of Mother, Subina Donough
6. Mother's Maiden Name, Subina Murphey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patricke Donough
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 23 N. Poppleton St

Remarks, 6 9 2 0 0 0 3 1 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

41158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C.
3. Date of Birth, July 25th 1892
4. Place of Birth, (Street and Number) 111
5. Full Name of Mother, Mary Sowers
6. Mother's Maiden Name, 650 Cider Alley
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M.D.

Address, 652 N. Lombard St.

Remarks, 8920003193

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or any person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 1892
4. Place of Birth, (Street and Number) 672 N. Lombard St.
5. Full Name of Mother, Hattie Shilling
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 672 N. Lombard St.

Remarks, 1 8 9 2 0 0 0 3 1 9 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 25th, 1892

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Mamie Shipley.

6. Mother's Maiden Name, "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 N. Lombard St.

Remarks, 8920003195

practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. If should no other person be in practitioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4/1/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 1892.
4. Place of Birth, (Street and Number) 151 Lizzie St. 739
5. Full Name of Mother, Addie Mitchel
6. Mother's Maiden Name, " Pasky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mitchel
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Thos. Diesenhofer

Address, 1806 Eastern Ave

Remarks, 8 9 2 0 0 0 3 1 9 6

Wm J C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 1892
4. Place of Birth, (Street and Number) Fountain St 2000
5. Full Name of Mother, Mary Thiemann
6. Mother's Maiden Name, " Peirce
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicholas Thiemann
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. Eisenhofer

Address, 1806 Eastern Ave

Remarks, 8 9 2 0 0 6 3 1

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25 1893
4. Place of Birth, (Street and Number) E. Pratt St. 1820
5. Full Name of Mother, Elizabeth Dimling Forster
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Andrew Dimling
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Saxony

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 816 Eastern Ave.

Remarks, 8 9 2 0 0 0 3 9 9 8

and scheme shall be delivered, duly signed by the practi... In case the birth of any child ... Commissioner of Health. ... or should no other person be in ... practitioner of midwifery, ... shall become the duty of the person or parents of such ... immediately thereafter it shall ... attendance upon the mother, ... Health, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, ... to comply with the provisions of this section, shall be sub- ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 41164

GIVEN NAME ADDED 1-3-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hildreth Nadine Shafer

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 25, 1892.
4. Place of Birth, (Street and Number)	515 Fonthill Ave.
5. Full Name of Mother,	Mary Florence Shafer.
6. Mother's Maiden Name,	Watson.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Daniel S. Shafer.
9. Father's Occupation,	Physician.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	8920003199

been conferred, U.S.A., copies, the full name and address of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

1 41165.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 ed Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 25 1892

4. Place of Birth, (Street and Number) 125 ao. West st.

5. Full Name of Mother, Annie Leibofdt

6. Mother's Maiden Name, Crockman

7. Mother's Birthplace, America

8. Full Name of Father, Paul Leibofdt

9. Father's Occupation, Restaurant

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Schwagur midwife

Address, 1032 Hanover st.

Remarks, 8920003200

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as above required, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4/11/66.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25th 1892
4. *Place of Birth, (Street and Number)* Bell ave - No. number
5. *Full Name of Mother,* Mary L. Harris
6. *Mother's Maiden Name,* Gutman
7. *Mother's Birthplace,* Baltimore Co md -
8. *Full Name of Father,* John F. Harris
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore -

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly Station City

Remarks, 1892000320 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26th 1892.
4. Place of Birth, (Street and Number) Md. Lying-in Hosp'l -
5. Full Name of Mother, Etta Price
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Frederick Md -
8. Full Name of Father, } Not known.
9. Father's Occupation, }
10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return, J. B. Crowell M.D. Eger Wilson

Address,

Remarks,

8 9 2 0 0 0 3 2 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-14-50 CARD REVISED 4-14-50

RETURN OF A BIRTH. A 41168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th. Anna Heise
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 26, 1892
4. *Place of Birth, (Street and Number)*	2421 Foster Ave
5. *Full Name of Mother,*	Catharine Heise
6. *Mother's Maiden Name,*	Catharine ~~Longendorf~~ Hagedorn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Heise
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary L Swayne
Address,	726 Luzerne St.
Remarks,	8920003203

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 41169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7/26-22
4. *Place of Birth, (Street and Number)* 715 E. Preston St.
5. *Full Name of Mother,* Dora Wilbur
6. *Mother's Maiden Name,* Dora A. Boyd
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Harry T. Wilbur
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 8920003204

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 26th 1892
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Lizzie Johnson.
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks, 1 8 9 2 0 0 0 3 2 0 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 41171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 26th 1892
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Alice Spratley.
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622 W. Lombard St

Remarks, 8920003206

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practi
er it shall become the duty of the person or parents of such
ttendance upon the mother, immediately thereafter it sh
ith, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health. In t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health. In t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4117 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 26th 1897
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Rosa Lee
6. Mother's Maiden Name, "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M.D.

Address, 622 N. Lombard st.

Remarks, 8920003207

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. La. H1173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 26, 1892
4. *Place of Birth, (Street and Number)*	1014 Goodman Alley
5. *Full Name of Mother,*	Annie Miester
6. *Mother's Maiden Name,*	Annie Baumgardner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J. Miester
9. *Father's Occupation*	Box maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	212 E. Heath St
Remarks,	Doing Well.

+ 8 9 2 0 0 0 3 2 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... ...the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Com... ...shall occur without the attendance of a physician or practi... ...r practioner of midwifery, or should no other person be in ...r it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter, it sha... ...th, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in th... ...o comply with the provisions of this section shall be sub... ...any such person or persons who shall hereafter fail to comp... ...o be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. 4174.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	26 th July 92
4. *Place of Birth, (Street and Number)*	112 Clay St
5. *Full Name of Mother,*	Georgie Ellwenger
6. *Mother's Maiden Name,*	Georgie Burgaan
7. *Mother's Birthplace,*	Pensylvania
8. *Full Name of Father,*	Henry Ellwanger
9. *Father's Occupation,*	paper hanger
10. *Father's Birthplace,*	Pensylvania
Name of Medical Attendant, or other person who makes this Return.	Dr. Robt. Hoffmann
Address,	214 W. Fayette St
Remarks,	8920003209

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 26 1892
4. *Place of Birth, (Street and Number)*	614 Portland
5. *Full Name of Mother,*	Maggie Lotz Weller
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Lotz
9. *Father's Occupation,*	Piano Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Rahauser
Address,	
Remarks,	8920003210

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 26.
4. *Place of Birth, (Street and Number)*	908 William St
5. *Full Name of Mother,*	Mary Kines Mulligan
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Geo Kines
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J C Bunch MD
Address,	571 Hanover st
Remarks,	8 9 2 0 0 0 3 2 1 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A H1177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 en
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of Juli
4. *Place of Birth, (Street and Number)*	2109 Wilhelm St
5. *Full Name of Mother,*	Bertha Altemann
6. *Mother's Maiden Name,*	Bertha Kottel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Hermann Altemann
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hencler midwife
Address,	2116 West Pratt St
Remarks,	8920003212

Each contractor shall be furnished by the Commissioner of Health with a sufficient number of blank forms of certificates of births, which shall be in the form of a certificate between the first and second columns of said schedule, and which shall be delivered, duly signed by the practitioner in attendance upon the mother, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, and such other facts as are required in the form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 41178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	June 27 1892
4. *Place of Birth, (Street and Number)*	891 Greenmount ave. Balto
5. *Full Name of Mother,*	Mary A. Sweeney.
6. *Mother's Maiden Name,*	Mary A. Gutelius
7. *Mother's Birthplace,*	Baltimore County. Md
8. *Full Name of Father,*	Luke A. Sweeney.
9. *Father's Occupation,*	Liquor Business
10. *Father's Birthplace,*	County Roscommon Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Hosden
Address,	996 Greenmount ave
Remarks,	8920003213

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27 th 1892
4. *Place of Birth, (Street and Number)*	N° 208 E. Fort ave
5. *Full Name of Mother,*	Emma Grimes
6. *Mother's Maiden Name,*	Emma Jacobs
7. *Mother's Birthplace,*	Ballinger
8. *Full Name of Father,*	James Grimes
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	N° 15-17 Byd St
Remarks,	8920003214

been conferred) its sex, color, the full name and occupation of its parents, the ward in which it was born, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1892
4. Place of Birth, (Street and Number) 911 Lemon st
5. Full Name of Mother, Bridget Lydon
6. Mother's Maiden Name, Bridget Kilkelly
7. Mother's Birthplace, Donabeg County Galway Ireland
8. Full Name of Father, Michael Lydon
9. Father's Occupation, Laborer
10. Father's Birthplace, Islandmore County Mayo Ireland

Name of Medical Attendant, or other person who makes this Return, Susan I Hunter

Address, 231 N Poppleton St

Remarks, 1892000032 15

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

A 4181.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of July 1892
4. *Place of Birth, (Street and Number)*	611 North Cassel st.
5. *Full Name of Mother,*	Katie Neuberk
6. *Mother's Maiden Name,*	Katie Raitzburk.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Frank M. Neuberk.
9. *Father's Occupation,*	Railroader
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leocintia Kunkel for Justina Kunkel
Address,	213 North Chapel St.
Remarks,	Healthy.

20003216

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the ... In case the birth of any child shall occur upon the mother, immediately thereafter it ... attendance upon the mother and within the period above required, and child to report its birth to the Commissioner of ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offense, to ... to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July the 27-1892
4. *Place of Birth, (Street and Number)*	Eastland st No 2059
5. *Full Name of Mother,*	Annie Shaumer
6. *Mother's Maiden Name,*	Annie Fraarner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John B Shaumer
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	~~Germany~~ Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Kelly
Address,	No 1922 Wilkins ave
Remarks,	8920003217

said schedule shall be delivered, duly signed by the practitioner, the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1892
4. Place of Birth, (Street and Number) 860 W. Pratt St.
5. Full Name of Mother, Lily Luckert
6. Mother's Maiden Name, Wilburger
7. Mother's Birthplace, City
8. Full Name of Father, Frederick Luckert
9. Father's Occupation, Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. H. H. Wiburn M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1892 0003218

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

H 1184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27 1892
4. *Place of Birth, (Street and Number)*	539 Roberts
5. *Full Name of Mother,*	Annie Bullock
6. *Mother's Maiden Name,*	Eschbach
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Bullock
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	2100 Druid Hill Ave
Remarks,	8920003219

...een concurred) is sex, color, the full name and residence of the parents of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4/1185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27th 1892
4. *Place of Birth, (Street and Number)*	700 Light St
5. *Full Name of Mother,*	Ida S. Cornelius
6. *Mother's Maiden Name,*	Ida S. Johnson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Newton Cornelius
9. *Father's Occupation,*	Oil Salesman
10. *Father's Birthplace,*	Carlisle Penna
Name of Medical Attendant, or other Person who makes this Return	Mrs. E. A. White
Address,	# 1410 Central Ave
Remarks,	

1892000 3220

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 of July 1892
4. Place of Birth, (Street and Number) 1310 Garrett Ave Locust Point
5. Full Name of Mother, Marie Magdalene Shubert
6. Mother's Maiden Name, Marie Magdalene Adelene
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Shubert
9. Father's Occupation, Stevedore
10. Father's Birthplace, Maisen Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 ~~Towson~~ 1402 Towson St Locust Point

Remarks, 1 8 9 2 0 0 0 3 2 2 1

said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4118?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 of July 1892
4. Place of Birth, (Street and Number) 1477 Garrett Ave Locust Point
5. Full Name of Mother, Maria Agnes Shäfer
6. Mother's Maiden Name, Maria Agnes Melany
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Shäfer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 Towson Street Locust Point

Remarks, 8920003222

The schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed, by the physician or midwife in attendance upon the mother, or by the father of the child, or householder in the absence of the physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4118 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIIII

1. Sex, (state whether male or female) Fem'l
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28 1892
4. Place of Birth, (Street and Number) 1 Bethel pl. 708
5. Full Name of Mother, Edo Hagen
6. Mother's Maiden Name, " Father
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Hagen
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Disenhofer

Address, 1892 0000 8623 Eastern Ave.

Remarks,

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said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41189.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED. 9/23/55 Hy

Madeline Margaret ~~McMahon~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22d July 1892
4. Place of Birth, (Street and Number) 403 E. Front St
5. Full Name of Mother, Mary McMahon
6. Mother's Maiden Name, Mary Lillen
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Bernard McMahon.
9. Father's Occupation, Canmaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bink. midwife.

Address, No. 506. E. Eight St

Remarks, 8920003224

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practitioner in the form of a certificate between the first and
certificate shall be delivered, duly signed by the practitioner
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recovered

RETURN OF A BIRTH. 41190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th of July
4. *Place of Birth, (Street and Number)*	2002 Marg Ann St
5. *Full Name of Mother,*	Carolina Post
6. *Mother's Maiden Name,*	Carolina Fitz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilian Post
9. *Father's Occupation,*	Marchenist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	8920003225

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RETURN OF A BIRTH. A 41191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th June
4. *Place of Birth, (Street and Number)* 1015 Gilmor Ave
5. *Full Name of Mother,* Mary M Gordon
6. *Mother's Maiden Name,* Mary M Bowers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas H Gordon
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Woodson

Address, 936 Monument Ave

Remarks, 1 8 9 2 0 0 0 3 2 2 6

been conferred) its sex, color, the full name and occupation [illegible] certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. AH 1927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1.	*Sex, (state whether male or female)*	Girl.
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	28th of July 1892.
4.	*Place of Birth, (Street and Number)*	1928 East Oliver st.
5.	*Full Name of Mother,*	Katie Mckay.
6.	*Mother's Maiden Name,*	Katie Remmert
7.	*Mother's Birthplace,*	Washington.
8.	*Full Name of Father,*	John Mckay.
9.	*Father's Occupation,*	Plumer.
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Corsointia Kunkel
	Address,	213 North Chapel st. per Justina Kunkel
	Remarks,	Healthy 8 9 2 0 0 0 3 2 2 7

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RETURN OF A BIRTH. A 41193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 28, 1892
4. Place of Birth, (Street and Number)	Hubert St 1154 Locust Point
5. Full Name of Mother,	Maggie Mahale
6. Mother's Maiden Name,	Maggie McHale
7. Mother's Birthplace,	Irland
8. Full Name of Father,	John McHale
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Balt

1 8 9 2 0 0 0 3 2 2 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 41194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July 28th
4. *Place of Birth,* (*Street and Number*) 703 Colvin Place
5. *Full Name of Mother,* Mary E. Frizell
6. *Mother's Maiden Name,* Mary E Wallace
7. *Mother's Birthplace,* Washington D. C
8. *Full Name of Father,* John W Frizell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs O Warden

Address, 926 Lexington st

Remarks, 8920003229

been conferred) its sex, color, the full name and occupation of the parents, and the number of the child of the mother. The form of a certificate between the first and practitioner in the city of Baltimore, who shall attend upon any birth, shall write a certificate of such birth in the said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of midwifery, or should no other parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28th 1892
4. *Place of Birth, (Street and Number)* 1615 N. Carey St
5. *Full Name of Mother,* Babra Kelley
6. *Mother's Maiden Name,* Babra Gumpman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Washington Kelley
9. *Father's Occupation,* Drives a Garbage Cart
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Dr F Shelkney

Address, 231 Cumberland St

Remarks, 1 8 9 2 U 0 0 3 2 3 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2 18

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 28 – 92
4. *Place of Birth, (Street and Number)*	1602 Milliman
5. *Full Name of Mother,*	Mary A. Smith
6. *Mother's Maiden Name,*	" " Cassidy
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Theodore Smith
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonogh
Remarks,	8920003231

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RETURN OF A BIRTH. A 41197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July - 28th
4.	*Place of Birth, (Street and Number)*	105 - Ramsay
5.	*Full Name of Mother,*	Rosa - Dippe
6.	*Mother's Maiden Name,*	Rosa - Weber
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Eberhardt Dippe
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Dr. Hilbert
	Address,	1806 Aisquith St
	Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 71198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28-92
4. Place of Birth, (Street and Number) 1265 N. Eden
5. Full Name of Mother, Amanda M^c Daniels
6. Mother's Maiden Name, " Cover
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm F. M^c Daniels
9. Father's Occupation, Potter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 M^c Donogh St

Remarks, + 8 9 2 0 0 0 3 2 3 3

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RETURN OF A BIRTH 41199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28 1892

4. Place of Birth, (Street and Number) 1405 Ridge Place

5. Full Name of Mother, Lena Parr

6. Mother's Maiden Name, Bache

7. Mother's Birthplace, Germany

8. Full Name of Father, Nicholas Parr

9. Father's Occupation, Contractor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. L. B. Schwatka M.D.

Address, 1003 N. Broadway

Remarks, 18920003234

Been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 41200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28th 1892.
4. Place of Birth, (Street and Number) Md. Lying-in Hospt.
5. Full Name of Mother, Kate Brown
6. Mother's Maiden Name, "
7. Mother's Birthplace, D. C.
8. Full Name of Father, } Not known
9. Father's Occupation, }
10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return. E. Lovell M.D. Engd to Hosp

Address,

Remarks,

8920003235

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 7-25-52

RETURN OF A BIRTH

4201.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sabina Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 28th 1892
4. Place of Birth, (Street and Number) 239 Dolphin
5. Full Name of Mother, Mrs Maggie Murray
6. Mother's Maiden Name, Maggie Martin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Neil Murray
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. D. Iglehart M.D.

Address, 1245 Linden Ave

Remarks, 8920003236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-4-57

RETURN OF A BIRTH. A 41202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Viola Burley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 24 July 1892
4. Place of Birth, (Street and Number) 1514 Emmilkin St Balto
5. Full Name of Mother, Agnes Burley
6. Mother's Maiden Name, Agnes Taylor
7. Mother's Birthplace, Kent Co md
8. Full Name of Father, Wilson Burley
9. Father's Occupation, Driver
10. Father's Birthplace, Virginia Essex County

Name of Medical Attendant, or other person who makes this Return. Gorgana Brooks

Address, 1 and 22 S Pivon Alle

Remarks, No remarks

1892000 3237

been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth, and the name of the attending physician or midwife, if any. In case the birth occurs in a hospital, institution or charitable home, the person in charge of the same shall furnish the information required by this section. The physician, midwife or person in charge of the hospital, institution or charitable home shall forward said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. No. 41303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* July 28th
4. *Place of Birth, (Street and Number)* #1119 Carrollton Ave
5. *Full Name of Mother,* Nellie E. Carman
6. *Mother's Maiden Name,* " " Mayers
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wm H. Carman.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return. John L. Nuth.

Address, #649 Lafayette Ave. (West)

Remarks, 8920003238

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 July
4. Place of Birth, (Street and Number) 715 Hollins st.
5. Full Name of Mother, Hanna Gebhart
6. Mother's Maiden Name, = Connor
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Gebhart
9. Father's Occupation, =
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Av.

Remarks, 1892 0003239

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 28th 1892
4. *Place of Birth, (Street and Number)* Baltimore East St 2300
5. *Full Name of Mother,* Mrs. Ellen Lonergan
6. *Mother's Maiden Name,* Ellen Connelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles J. Lonergan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss B. Lonergan

Address, 1225 Hare street

Remarks, 8920003240

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* July 28th

4. *Place of Birth, (Street and Number)* 1044 Haubert St

5. *Full Name of Mother* Mrs. Margaret J. Cadden

6. *Mother's Maiden Name,* Margaret J. Burns

7. *Mother's Birthplace,* Balto Md U. S. A.

8. *Full Name of Father,* Anthony Patrick Cadden

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* United States America

Name of Medical Attendant, or other person who makes this Return, Annie O'Connor

Address, 1112 Haubert St Balto Md.

Remarks,

1 8 9 2 0 0 0 3 2 4 1

attendance upon the mother, immediately thereafter. If a physician or practitioner of midwifery, or should no other person in charge of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 9 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Born Thursday aug 28th 1892
4. Place of Birth, (Street and Number) No 520 N. front st
5. Full Name of Mother, Georgianna Smith-
6. Mother's Maiden Name, Georgianna Green
7. Mother's Birthplace, Montgomery co md
8. Full Name of Father, Alexander Smith-
9. Father's Occupation, Laborer Launder
10. Father's Birthplace, Baltimore co md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, No 401 Louis st No orleans st city

Remarks, doing Remarkably well

18920003242

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

ascertained the full name of each child, (if any shall have
the same can be ascertained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 71208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 29 of July 1892
4. *Place of Birth, (Street and Number)* 216 South Wolf street
5. *Full Name of Mother,* Mary K Thompson
6. *Mother's Maiden Name,* Mary K Thebney
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James F. Thompson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* ~~Kentucky~~ St Louis Mo.

Name of Medical Attendant, or other person who makes this Return. Mary Connor

Address, 220 South Regester

Remarks, 18920003243

J. S. SHLANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24 1892
4. Place of Birth, (Street and Number) 821 Eastern Ave.
5. Full Name of Mother, Lizzie Mc. Namara
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Mc Namara
9. Father's Occupation, Workman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks, 8920003244

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 29 1892
4. Place of Birth, (Street and Number) 304 President St.
5. Full Name of Mother, Katharina Rose Vita
6. Mother's Maiden Name,
7. Mother's Birthplace, Italia
8. Full Name of Father, Frank Rose
9. Father's Occupation, Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks, 8920003245

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H1211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29th 1892
4. Place of Birth, (Street and Number) 622 " N. Lombard St.
5. Full Name of Mother, Victoria Hodikoc. "
6. Mother's Maiden Name, "
7. Mother's Birthplace, Austria.
8. Full Name of Father, ⸗
9. Father's Occupation, ⸗
10. Father's Birthplace, ⸗

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 N. Lombard St.

Remarks, 1 8 9 2 0 0 0 3 2 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether ~~male or~~ female)*	
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 29 - 1892
4.	*Place of Birth, (Street and Number)*	1227 W. Lombard St.
5.	*Full Name of Mother,*	Mary B. Hodge
6.	*Mother's Maiden Name,*	Marling
7.	*Mother's Birthplace,*	" Baltimore Md.
8.	*Full Name of Father,*	Wm A. L. Hodge
9.	*Father's Occupation,*	Candy Maker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Theodore Deetz M.D.
	Address,	914 S. Charles St.
	Remarks,	8920003247

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 41213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Brown skin female
2. Race or Color, (if not of the white race) light brown skin
3. Date of Birth, 29th of July 1892
4. Place of Birth, (Street and Number) Wagon alley
5. Full Name of Mother, Lydia Clayton
6. Mother's Maiden Name, Clayton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Coltman
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L Somerville

Address, 616 E Clayton ave

Remarks,

1 8 9 2 0 0 0 3 2 4 8

Section 1. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14214.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 29, 1892
4. *Place of Birth, (Street and Number)*	12 Covington
5. *Full Name of Mother,*	Sophie Balcin Kohlheafer
6. *Mother's Maiden Name,*	Sophie Balcin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Kohlheafer
9. *Father's Occupation*	Glassblower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Easley
Address,	213 E. Hatte St
Remarks,	Doing Well

8920003249

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 29th 1897
4. Place of Birth, (Street and Number) 622 St. Lombard St.
5. Full Name of Mother, Laura Hines
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Penn.
8. Full Name of Father, }
9. Father's Occupation, }
10. Father's Birthplace, }
Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.
Address, 622 St. Lombard St.
Remarks, 8920003250

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4216.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 29, 1892.
4. Place of Birth, (Street and Number) No. 1808 Hanford ave.
5. Full Name of Mother, Selma Oehring.
6. Mother's Maiden Name, Selma Neumann.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Teodor Oehring.
9. Father's Occupation, Groceryman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell, M.D.

Address, 1741 Hanford ave

Remarks,

8920003251

Wm J. C. Dulany Co., City Printers and Stationers.

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH.

4127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 24th 1892
4. Place of Birth, (Street and Number) 1036 Raborg St.
5. Full Name of Mother, Mrs Mary Gaddy
6. Mother's Maiden Name, Mary Jackson
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. W. Lawson M.D.

Address, 622 W Lombard St.

Remarks,

8920003252

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th
4. *Place of Birth, (Street and Number)*	708 Courtney St. Baltimore
5. *Full Name of Mother,*	Mary Alice Lloyd
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Lloyd
9. *Father's Occupation,*	Steamboat Fireman
10. *Father's Birthplace,*	Chesapeake City Cecil Co Md
Name of Medical Attendant, or other person who makes this Return.	Mary Tibbs
Address,	914 Chilton Place
Remarks,	8920003253

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. G. SALMON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 41219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Edgar Wenzel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 29 1931
4. *Place of Birth, (Street and Number)*	122 Hanover
5. *Full Name of Mother,*	Annie Norman Mulzer
6. *Mother's Maiden Name,*	Annie Norman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Mulzer
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm Baetzel Barnett M.D.
Address,	54 Hanover St.
Remarks,	Given name added by father 8/18-1931 Louis J. Wenzel

Bur.

The Father, Mother, Householder, Nurse, Midwife, Physician, Undertaker, Sexton, Clergyman, Coroner, Superintendent of Institution, or other person having knowledge of the facts, who shall neglect or refuse to make a return of any birth which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 41220.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 29 July

4. *Place of Birth, (Street and Number)* 1240 Canton street

5. *Full Name of Mother,* Rosa Wendiskee

6. *Mother's Maiden Name,* Wischnefska

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Wendiskee

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Loessmann.

Address, 1225 Hare street.

Remarks,

1892 0003255

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. #231.

GIVEN NAME ADDED 8-6-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine Farber

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29 1892
4. Place of Birth, (Street and Number) 5 Dearborn st 210
5. Full Name of Mother, Mary Farber
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Farber
9. Father's Occupation, Huckster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Rosenhofer

Address, 892 0 0 0 192 Eastern Ave.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) For. African (Black
3. Date of Birth, Dec 29 1892
4. Place of Birth, (Street and Number) 323 N. Paca St
5. Full Name of Mother, Eliza Cooper
6. Mother's Maiden Name, Eliza Cooper
7. Mother's Birthplace, Queen Annes Co Md.
8. Full Name of Father, Walter Summerville
9. Father's Occupation, Waiter
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Clarence Nichols M.D.

Address, 323 N. Paca St

Remarks, Mother 8 9 2 0 0 0 3 2 5 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 30
4. *Place of Birth, (Street and Number)*	Locust Point 1225 Lan
5. *Full Name of Mother,*	Mary Lynch
6. *Mother's Maiden Name,*	Mary Gubbins
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Lynch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St.
Remarks,	Locust Point

8 9 2 0 0 0 3 2 5 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41224.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30, 1892
4. Place of Birth, (Street and Number) 705 Carlton St
5. Full Name of Mother, Laura Reynolds
6. Mother's Maiden Name, Laura L Mills
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Irving Reynolds
9. Father's Occupation, Oyster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Imagine

Address, 726 Cuyler Ave

Remarks, 8920003259

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

22 41225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 30, 1892
4. Place of Birth, (Street and Number) 2522 Fosterlee
5. Full Name of Mother, Elizabeth Sussmanner
6. Mother's Maiden Name, Elizabeth Ebenhauer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Leonard Sussmanner
9. Father's Occupation, saloon Keeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Eutaw St

Remarks, 1 8 9 2 0 0 0 3 2 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 41226.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 1, 1892

4. Place of Birth, (Street and Number) 1123 E. Eyerhard St

5. Full Name of Mother, Rachel Rothstein

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Rothstein

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Rosenstein

Address, 122 S. Exeter St

Remarks, 8920003261

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 10-28-55

RETURN OF A BIRTH. 4277.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Ethlyn ~~Ginsberg~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 2, 1892
4. Place of Birth, (Street and Number) 242 Hanover ste
5. Full Name of Mother, Jennie Ginsberg
6. Mother's Maiden Name, Rubin
7. Mother's Birthplace, Europe
8. Full Name of Father, Maurice Ginsberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter ste

Remarks, 8920003262

Wm J C. Dulany Co., City Printers and Stationers.

(Each contractor) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 41778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which ... occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 3/9.
4.	*Place of Birth, (Street and Number)*	1943 Penna av
5.	*Full Name of Mother,*	Mary Worden
6.	*Mother's Maiden Name,*	Mary Lowe
7.	*Mother's Birthplace,*	Balto Co
8.	*Full Name of Father,*	Chas E Worden
9.	*Father's Occupation,*	Conductor
10.	*Father's Birthplace,*	Balto Co
	Name of Medical Attendant, or other person who makes this Return,	A C Polk MD
	Address,	2038 Madison av
	Remarks,	8 9 2 U 0 0 3 2 6 3

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 41279.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 92
4. Place of Birth, (Street and Number) 6 E Hamburg
5. Full Name of Mother, Mrs Hugh A Hogan
6. Mother's Maiden Name, Kate Gunther
7. Mother's Birthplace, Balto
8. Full Name of Father, Hugh A Hogan
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Theodore Bowlby Jr

Address, 518 Hanover St Balto

Remarks, 6 9 2 0 0 0 3 2 6 4

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41280.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, July 2nd '92

4. Place of Birth, (Street and Number) 115 W. Lombard.

5. Full Name of Mother, Sadie Parker.

6. Mother's Maiden Name,

7. Mother's Birthplace, Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks, 8920003265

Wm J C. Dulany Co., City Printers and Stationers.

...ed to its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or ... person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of ... no other person be in ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11:

1. Sex, (state whether male or female) Male:
2. Race or Color, (if not of the white race) Colad
3. Date of Birth, 4:
4. Place of Birth, (Street and Number) 15 Barnett St:
5. Full Name of Mother, Martha: Jackson:
6. Mother's Maiden Name, Martha: Young:
7. Mother's Birthplace, Pappahannock Essex Co Va:
8. Full Name of Father, Welford Jackson:
9. Father's Occupation, Barber:
10. Father's Birthplace, Shottsylvania:

Name of Medical Attendant, or other person who makes this Return, Fannie Ingues:

Address, 223: Clay: St:

Remarks, 6 9 2 0 0 0 3 2 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41 232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Mah.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, July 5th. '92
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, Hatie Wilson.
6. Mother's Maiden Name, ~~~~
7. Mother's Birthplace, England
8. Full Name of Father, ~~~~
9. Father's Occupation, ~~~~
10. Father's Birthplace, ~~~~

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frames.

Address, 115 W. Lombard St.

Remarks, 1892000326 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN BIRTH UNDER 2-22-57

RETURN OF A BIRTH A 41233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Winans ~~Yeatman~~ 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 5th 1892
4. Place of Birth, (Street and Number) 32 N Fulton ave
5. Full Name of Mother, Mary L Yeatman
6. Mother's Maiden Name, " " Carrow
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Yeatman
9. Father's Occupation, Wholesale Liquor Merchant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo. B Reynolds M.D.

Address, 711 N Calvert

Remarks,

1892000 3268

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 41234.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 5th 1892
4. *Place of Birth, (Street and Number)* 737 W. Franklin
5. *Full Name of Mother,* Mary E. Kohler
6. *Mother's Maiden Name,* Do " Yoder
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Jacob Kohler
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Dr. Raymond

Address, 711 N Calvert St

Remarks,

1 8 9 2 0 0 0 3 2 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 111235.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 6th 1892
4. Place of Birth, (Street and Number) No 1507 Hanover st
5. Full Name of Mother, Dena Kern
6. Mother's Maiden Name, Dena Beckle
7. Mother's Birthplace, Baltimore city, md
8. Full Name of Father, George B Kern
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1422 Hanover street

Remarks, 8920003270

month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) X male

2. Race or Color, (if not of the white race) white

3. Date of Birth. July 6. 1892

4. Place of Birth, (Street and Number) 1160 Luzerne st

5. Full Name of Mother, Bella Eisenberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, David Eisenberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks, 8 9 2 0 0 0 3 2 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1892
4. Place of Birth, (Street and Number) 2100 Fairmount Ave. Co. Chester B.
5. Full Name of Mother, Helena Stehr
6. Mother's Maiden Name, " Hobelman
7. Mother's Birthplace, Germany
8. Full Name of Father, August Stehr
9. Father's Occupation, Brick Manufacturer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, James F. McShane, M.D.

Address, 20 S. Patterson Park Ave

Remarks, 8920003272

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

41238.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 6th/93
4. *Place of Birth, (Street and Number)*	#1854 Mc. Henry St.
5. *Full Name of Mother,*	Lillie Carson
6. *Mother's Maiden Name,*	" Peary.
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Jeo. W. Carson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto. ~~Md.~~
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	18920003213

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, July 7 - '92
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Ada Fischer.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Farmer.

Address, 115 W. Lombard St.

Remarks,

8 9 2 0 0 0 3 2 7 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 7th / 92
4. Place of Birth, (Street and Number)	#360 W. Gilmore st.
5. Full Name of Mother,	Kunigunda Luber
6. Mother's Maiden Name,	" " Karg.
7. Mother's Birthplace,	Bierm
8. Full Name of Father,	John Luber
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Freihung
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#106 S. Fremont st.
Remarks,	8 9 2 0 0 0 3 2 7 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4124.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1892
4. *Place of Birth, (Street and Number)* 216 Parkin St
5. *Full Name of Mother,* Annie Brokian
6. *Mother's Maiden Name,* Annie Morgan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Lee Morgan
9. *Father's Occupation,* Roofer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Mitchell

Address, 216 Parkin St

Remarks, 8920003276

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A. 41242.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9th 1892
4. Place of Birth, (Street and Number) 1705 Riggs Av
5. Full Name of Mother, Emma Coale
6. Mother's Maiden Name, Winters
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, James W. Coale 1 Force
9. Father's Occupation, Tailor but now on the Police
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. W. Free M.D.

Address, 602 N. Carey st

Remarks, 8920003277

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

The name shall be set forth as far as the same can be ascertained the full name of each child born alive, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

A. 41343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Coloured

3. Date of Birth, July 9 1892

4. Place of Birth, (Street and Number) 939 Druid Av

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, Jane Johnson

7. Mother's Birthplace, Mary J Johnson Baltimore city Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mary J. Fossett

Address, 363 D Eldorado St

Remarks, No remarks

8920003278

Guide to the Law on Registration of Births.

Every birth which shall occur within the City of Baltimore shall be registered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

4/744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* July 28 9

4. *Place of Birth, (Street and Number)* 2265 Mt. St

5. *Full Name of Mother,* Emma Miller

6. *Mother's Maiden Name,* Emma [illegible]

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Albert [illegible]

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Nova Scotia

Name of Medical Attendant, or other person who makes this Return, H. A. Bell

Address, 205 E Fayette St. Central Av

Remarks, Ch Fed

8920003279

Wm. J. C. Dulany Co., City Printers and Stationers

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 7 1920

4. Place of Birth, (Street and Number) 1310 Pierce St.

5. Full Name of Mother, Katie Jackson

6. Mother's Maiden Name, Katie Lee

7. Mother's Birthplace, Virginia

8. Full Name of Father, Charles Jackson

9. Father's Occupation Butcher

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, H. A. Bell

Address, 1245 E Monument Near Central Ave

Remarks, All right 8920003280

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-31-56

RETURN OF A BIRTH.

4/1246.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret ~~Elizabeth~~ Horn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15th 1892
4. Place of Birth, (Street and Number) 911 E Madison
5. Full Name of Mother, Margaret E. Horn
6. Mother's Maiden Name, " Hammel
7. Mother's Birthplace, Balto
8. Full Name of Father, Benjamin Franklin Horn
9. Father's Occupation. Car-inspector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

1 8 9 2 0 0 0 3 2 8 1

To prevent delay, this shall be set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

41347

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Within six days thereafter, stating distinctly the date of birth, **sex**, and color of the child or children born, its or their physical condition, whether still-born or not, **the** full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	July 10, 1892
4. *Place of Birth*, (*Street and Number*)	St. Vincents Infant Asylum
5. *Full Name of Mother*.	Mary Denny
6. *Mother's Maiden Name*,	" "
7. *Mother's Birthplace*,	Maryland
8. *Full Name of Father*,	not known
9. *Father's Occupation*,	" "
10. *Father's Birthplace*.	" "
Name of Medical Attendant, or other Person who makes this Return	A. A. Kline M. D.
Address,	1520 Druid Hill Ave
Remarks,	18920003282

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 41248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth, October 19

4. Place of Birth, (Street and Number) 1618 Eutaw

5. Full Name of Mother, Alice Brown

6. Mother's Maiden Name, Alice Johnson

7. Mother's Birthplace, Balt

8. Full Name of Father, Richard Brown

9. Father's Occupation Shoemaker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, H. A. Pitt

Address, 1215 E. Fayette St. or Eutaw

Remarks, Col Single

1892000 3283

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 41249

GIVEN NAME ADDED 11-1-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Bowers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1892
4. Place of Birth, (Street and Number) 105 N. Liberty St.
5. Full Name of Mother, Lucy Bowers
6. Mother's Maiden Name, Parsons
7. Mother's Birthplace, Chestertown Md.
8. Full Name of Father, Rev. J. S. Bowers
9. Father's Occupation, ~~Minister~~ Minister of the Gospel
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, E. W. Fox M. D.

Address, 602 N Carey St

Remarks, This child ~~has~~ ~~had~~ ~~has had~~ ~~had~~ on the right hand - and only a small & imperfect one on the left - otherwise a well developed child weighing between ten & twelve pounds

AUG 5 1892

Should any child born in this City die without having been registered, the undertaker or person having charge of the burial shall report the death to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 41260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 th
4. Place of Birth, (Street and Number) 620 Fremont road
5. Full Name of Mother, Mollie Bell
6. Mother's Maiden Name, " Bell
7. Mother's Birthplace, Lawrenceburg Ind
8. Full Name of Father, Johnson A Bell
9. Father's Occupation, Helper in lighting rods
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M J Lucas

Address, 339 S Washington ave

Remarks, first born (illegible)

1892000 3285

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The Commissioner of Health is to be informed of the birth of each child, and of the death of each person, under the care of a physician or midwife, during the first year of life, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

41267.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 July
4. *Place of Birth, (Street and Number)* 1214 Jackson St
5. *Full Name of Mother,* Emma Hanauer
6. *Mother's Maiden Name,* Seidler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm Hanauer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ulbrig

Address, 1802 E Lexington St

Remarks,

8920003286

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should neither person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	July 11-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Mary Wilson.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard St.
Remarks,	1892 00032 87

Every Physician, Midwife or other person who shall be in attendance upon the birth of any child, shall, within ten days after the birth of such child, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 12. 1892
4. Place of Birth, (Street and Number) 38 S. Eden Str
5. Full Name of Mother, Sara Joseph
6. Mother's Maiden Name, Wolfsen
7. Mother's Birthplace, Europe
8. Full Name of Father, Wolf Joseph
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks, 8 9 2 0 0 0 3 2 8 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 12th 92
4. *Place of Birth, (Street and Number)*	1442 Patapsco
5. *Full Name of Mother,*	Fannie B Palmer
6. *Mother's Maiden Name,*	Fannie B. Shannon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. E. Palmer
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	North Carolina
Name of Medical Attendant, or other person who makes this Return.	B F. Phillips
Address,	753 W Lexington
Remarks,	

8920003289

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 12. 1892
4. Place of Birth, (Street and Number) 32 Harrison str
5. Full Name of Mother, Fanny Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Nathan Goldstein
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bennett

Address, 122 S. Exeter sto

Remarks, 8920003290

Wm J. C. Dulany Co., City Printers and Stationers.

The State and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 1892
4. Place of Birth, (Street and Number) 1616 E Lee St.
5. Full Name of Mother, Sadie Smith
6. Mother's Maiden Name, Sadie Baker
7. Mother's Birthplace, Balto
8. Full Name of Father, William Baker
9. Father's Occupation Seaman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, G R Butts

Address, 1005 E Monument St cor Linden Ave

Remarks, All Right

18920003291

shall schedule sh[illegible] delivered, duly signed by the practitioner in the [illegible] first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A41457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 15th 1892
4. Place of Birth, (Street and Number) 1009 Forrest Place
5. Full Name of Mother, Roberta J Sumner
6. Mother's Maiden Name, " " Ray
7. Mother's Birthplace, Md
8. Full Name of Father, John L Sumner
9. Father's Occupation, Baker Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo S Reynolds M.D.

Address, 711 W Calvert St

Remarks,

18920003292

Every conference ... the full name ... occupation of its ... of a certificate ... Birth; and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-9-56

RETURN OF A BIRTH.

41268.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Lucretia Gardner Nagle
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 13th 1892
4. *Place of Birth, (Street and Number)*	1110 Williams
5. *Full Name of Mother,*	Lilly Redman Nagle
6. *Mother's Maiden Name,*	B. R. Dixon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. W. Nagle
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	753 W Lexington
Remarks,	8920003293

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1892
4. Place of Birth, (Street and Number) 418 E. Fourth Av
5. Full Name of Mother, Mary E. Williams
6. Mother's Maiden Name, Stirling
7. Mother's Birthplace, Illinois
8. Full Name of Father, Lewis A Williams
9. Father's Occupation, Insurance Agt.
10. Father's Birthplace, Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return, E. W. Free M.D.

Address, 602 N. Carey St.

Remarks, 8920003294

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 1/12760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 13 1912

4. *Place of Birth, (Street and Number)* 1525 Eutaw St

5. *Full Name of Mother,* Ida Greene

6. *Mother's Maiden Name,* Ida Greene

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Lucius Greene

9. *Father's Occupation* Butler

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. A. Buck

Address. 1525 Eutaw St. cor Eutaw Pl

Remarks. Child 8 9 2 0 0 0 3 2 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, the shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 41261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, July 15th.
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, Winnie Poole
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frames.

Address, 115 W. Lombard St.

Remarks,

8920003296

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41267.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 July
4. *Place of Birth, (Street and Number)* 546 S. Central ave
5. *Full Name of Mother,* Anna Rebel
6. *Mother's Maiden Name,* Bechtold
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Rebel
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm R Jeffrys

Address, 1302 Eddington

Remarks,

8 9 2 0 0 0 3 2 9 7

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, July 15th
4. *Place of Birth*, (*Street and Number*) 708 N. Bruce St.
5. *Full Name of Mother*, Wilhelmine Bless
6. *Mother's Maiden Name*, Wilhelmine Hennig
7. *Mother's Birthplace*, Roeglitz (Germany)
8. *Full Name of Father*, Georg L. G. Th. Bless
9. *Father's Occupation*, Shoemaker
10. *Father's Birthplace*, Constadt.

Name of Medical Attendant, or other person who makes this Return, Annie Leidner

Address, #106 N. Monroe St.

Remarks, 8 9 2 0 0 0 3 2 9 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 July
4. Place of Birth, (Street and Number) 16 East St
5. Full Name of Mother, Mary Lang Waltjen
6. Mother's Maiden Name, Balto.
7. Mother's Birthplace, David Lang
8. Full Name of Father, Laborer
9. Father's Occupation, Europe
10. Father's Birthplace, Mrs R Gilpin
    Name of Medical Attendant, or other person who makes this Return. 1302 E Lexington St
    Address,
    Remarks, 8920003299

WM J C DULANY CO CITY PRINTERS AND STATIONERS

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the petitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

41265.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	July 15-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Alice Sprouts.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Farnell
Address,	115 W. Lombard St.
Remarks,	1 8 9 2 0 0 0 3 3 0 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 July
4. *Place of Birth, (Street and Number)* 1225 Jackson St
5. *Full Name of Mother,* Melia Bernstein
6. *Mother's Maiden Name,* " Simon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Leopold Bernstein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellig

Address, 302 E Lexington St

Remarks,

1 8 9 2 0 0 0 3 3 0 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 16 - 92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Jennie Davis.
6. *Mother's Maiden Name,*	~~~~
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	~~~~
9. *Father's Occupation,*	~~~~
10. *Father's Birthplace,*	~~~~
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frame
Address,	115 W. Lombard St.
Remarks,	

1892 0003302

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

41768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 July
4. Place of Birth, (Street and Number) 1162 Lon St
5. Full Name of Mother, Barbara Zarber
6. Mother's Maiden Name, " Fladung
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Zarber
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellis

Address, 1802 E Lexington

Remarks,

1 8 9 2 0 0 0 3 3 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41269.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 16-92
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Mary Allison.
6. Mother's Maiden Name,
7. Mother's Birthplace, Pa.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks,

1 8 9 2 0 0 0 3 3 0 4

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. # 4270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16 1900
4. *Place of Birth, (Street and Number)* 1215 Fulton ave
5. *Full Name of Mother,* Emma E. Bradshaw
6. *Mother's Maiden Name,* " " Mark
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Benjamin J. Bradshaw
9. *Father's Occupation,* Trolley Conductor
10. *Father's Birthplace,* Carolina Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. Lucas

Address, 339 S. Woodyear 2d only

Remarks, Home Delivery

1 8 9 2 0 0 0 3 3 0 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4127.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17 July
4. Place of Birth, (Street and Number) 554 Moores St.
5. Full Name of Mother, Lizzie Jones Howard
6. Mother's Maiden Name, Lizzie Jones
7. Mother's Birthplace, Frederick
8. Full Name of Father, Charles Howard
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Celestia Cook

Address, 1008 Shields alley

Remarks, "8920003306

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17/92
4. *Place of Birth, (Street and Number)* Calem Ave
5. *Full Name of Mother,* Amanda Williams
6. *Mother's Maiden Name,* Amanda Hershey
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Frank Williams
9. *Father's Occupation,* Rail Road Man
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Ave

Remarks, 8920003307

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 17. 92
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, Annie Kahn.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks,

1 8 9 2 0 0 0 3 3 0 8

Wm J C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter occur, shall be furnished by the Commissioner of Health, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, which he or she shall keep for that purpose, and which shall be known as the register of births; and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1 1892
4. *Place of Birth, (Street and Number)*	2106 E Pratt St
5. *Full Name of Mother,*	Carrie North
6. *Mother's Maiden Name,*	Carrie Irwin
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm H. North
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	A B Polo
Address,	2038 Madison Ave
Remarks,	8920003310

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 18th 1892
4. *Place of Birth, (Street and Number)*	1648 Pennsylvania ave
5. *Full Name of Mother,*	Mary E. Bassett
6. *Mother's Maiden Name,*	Mary E. Stevens
7. *Mother's Birthplace,*	Delaware
8. *Full Name of Father,*	George Bassett
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Delaware
Name of Medical Attendant, or other person who makes this Return.	Amanda J. Harris, M.D.
Address,	871 Harlem ave
Remarks,	8920003311

...ts parents, the date and place of birth; and the ...ld the form of a certificate between the first and ...ioner of Health. In case the birth of any child ...y of midwifery, or should no other person be in ...come the duty of the person or parents of such ...anner and within the period above required, and ...with the provisions of this section shall be sub- ...red as other fines and forfeitures are recoverable.

...been confirmed its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...A. S. ERLICHT & CO., CITY PRINTERS AND STATIONERS.

ascertained, the full name of each child, (if any shall have
on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ctitioner or midwifery, or should no other person be in
all become the duty of the person or parents of such
the manner and within the period above required, and
comply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 No
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 18th 1892
4.	*Place of Birth, (Street and Number)*	Proplotar st No 22
5.	*Full Name of Mother,*	Maggie Sneed
6.	*Mother's Maiden Name,*	Maggie Wight
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Sneed
9.	*Father's Occupation,*	Plumber
10.	*Father's Birthplace,*	Virginia
	Name of Medical Attendant, or other person who makes this Return,	Charine Mitchell
	Address,	216 Parkin St
	Remarks,	7th Daughter

64 2000 3312

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practi
er it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it sh
lth, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to co
il to comply with the provisions of this section shall be sub
jected to the fine of ten (10) dollars for each offence, to be re
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 41278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 20. 1892
4. Place of Birth, (Street and Number) 113 Market space
5. Full Name of Mother, Jette Hiller
6. Mother's Maiden Name, Linow
7. Mother's Birthplace, Europe
8. Full Name of Father, Herrman Hiller
9. Father's Occupation, Leberer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks, 8 9 2 0 0 0 3 3 1 3

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 7-3-62

A 41279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hyman Jacobson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20. 1892
4. Place of Birth, (Street and Number) 217 S. Fleigh Ste
5. Full Name of Mother, Esther Jacobson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Leopold Jacobson
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter Ste

Remarks, 8920003314

Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41280.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	July 20. 1892
4. *Place of Birth, (Street and Number)*	Mount Winas
5. *Full Name of Mother,*	Eliza Houston
6. *Mother's Maiden Name,*	Eliza Carr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Carr
9. *Father's Occupation,*	Laboring Work
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Grace Hanis
Address,	818. Stockholand St.
Remarks,	8920003315

(Each correct) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Third
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	July 21st 1892
4. *Place of Birth*, (*Street and Number*)	417 Folson
5. *Full Name of Mother*,	Hattie Gallagher
6. *Mother's Maiden Name*,	Hattie Gillespie
7. *Mother's Birthplace*,	Balto Co - Md
8. *Full Name of Father*,	John Gallagher
9. *Father's Occupation*,	Fireman
10. *Father's Birthplace*,	Harford Co. Md
Name of Medical Attendant, or other person who makes this Return.	D F Phillips
Address,	753 W Lexington
Remarks,	8920003316

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41282.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 July
4. *Place of Birth, (Street and Number)* 60 S Asquith St
5. *Full Name of Mother,* Lizzie Kamman
6. *Mother's Maiden Name,* Z" Shillman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Kamman
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Gilbert

Address, 1302 E Lexington St

Remarks,

8920003317

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 11783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21 24
4. Place of Birth, (Street and Number) 1436 Fr. Ramsay st
5. Full Name of Mother, Barbara Lenhart
6. Mother's Maiden Name, Barbara
7. Mother's Birthplace, S. Bavaria Germany
8. Full Name of Father, J. M. Lenhart
9. Father's Occupation, Laborer P.R.R.Co.
10. Father's Birthplace, S. Bavaria Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. Linas

Address, 339 S. Broadway

Remarks, first child (not named)

1892000331 8

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

Every Physician, Midwife, or other person who shall have been employed in any case of birth, shall, within ten days after the birth of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41284.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c) 6 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22nd/92
4. Place of Birth, (Street and Number) #1908 N. Lombard st.
5. Full Name of Mother, Jennie Anderson
6. Mother's Maiden Name, " " Grch.
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Anderson
9. Father's Occupation, Pipe Fitter.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, #106 S. Hanover St.

Remarks, 8920003319

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re
third day of each and every month to the office of the Com
shall become the duty of the person or parents of such
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E 41785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Levy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 July - 1892
4. Place of Birth, (Street and Number) 1239 Jackson St
5. Full Name of Mother, Annie Levy
6. Mother's Maiden Name, " "
7. Mother's Birthplace, New York
8. Full Name of Father, Wolf Levy
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulle's

Address, 1302 E Lexington St

Remarks, GIVEN NAME ADDED 2-10-54

1892 0 0 0 0 0 3 2 0

been conferred) its sex, color, the full name and occupation of its parents, the place and date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 41786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 22 1892
4. *Place of Birth, (Street and Number)*	413 Mullikin St.
5. *Full Name of Mother,*	Ella Schultz
6. *Mother's Maiden Name,*	Ella Brune
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Adam Schultz
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	W. A. Bull.
Address,	115 E Monument St
Remarks,	All Right

8 9 2 0 0 0 3 3 2 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. H1787.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd of July 1892.
4. *Place of Birth, (Street and Number)*	1516 N. Lombard St (Josephine K. Hoffstetter)
5. *Full Name of Mother,*	" "
6. *Mother's Maiden Name,*	Josephine Keith.
7. *Mother's Birthplace,*	Ellicott City, Howard Co.
8. *Full Name of Father,*	Anton Hoffstetter.
9. *Father's Occupation,*	Instrument maker
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lindner.
Address,	#166 S. Monroe St.
Remarks,	8920003322

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	July 24 - 92
4. Place of Birth, (Street and Number)	115 W. Lombard.
5. Full Name of Mother,	Stella Stevens.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard St.
Remarks,	18920003323

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

41289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	~~August~~ July 24th 1892
4.	*Place of Birth, (Street and Number)*	234 N. Patterson Park Avenue
5.	*Full Name of Mother,*	Rachel Gilbert
6.	*Mother's Maiden Name,*	" Fisher
7.	*Mother's Birthplace,*	Frederick, Md.
8.	*Full Name of Father,*	George J. Gilbert
9.	*Father's Occupation,*	Shoemaker
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	James L. McShane, M.D.
	Address,	2 S. Patterson Avenue
	Remarks,	8 9 2 0 0 0 3 3 2 4

WM. J. O. SULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 24 1892
4.	*Place of Birth, (Street and Number)*	No Henry St 308 No
5.	*Full Name of Mother,*	Annie Miller
6.	*Mother's Maiden Name,*	Annie Andrues
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Geye Miller
9.	*Father's Occupation,*	Machine
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Charine Mitchell
	Address,	No 216 Parkin St
	Remarks,	1 8 9 2 0 0 0 3 3 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-10-55

RETURN OF A BIRTH

A 11891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Hayden Ogle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1892
4. Place of Birth, (Street and Number) 1837 W Lanvale St
5. Full Name of Mother, Georgie C. Ogle
6. Mother's Maiden Name, Phelps
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry H Ogle
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E W Hall

Address, 602 N Carey St

Remarks, + 8 9 2 0 0 0 3 3 2 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 25 1892
4. *Place of Birth, (Street and Number)*	#1409 N. Pratt st.
5. *Full Name of Mother,*	Mary Hauk
6. *Mother's Maiden Name,*	" J. Kruger.
7. *Mother's Birthplace,*	Stelingsti.
8. *Full Name of Father,*	Joseph Hauk.
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Ouchemaint.
Name of Medical Attendant, or other person who makes this Return,	Annie Leighner
Address,	#106 S. Hanover st.
Remarks,	18920003327

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. A 41293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William C. Farr

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth son
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	July 8th 1892
3. *Date of Birth,*	White
4. *Place of Birth, (Street and Number)*	2015 Harrison st
5. *Full Name of Mother,*	Florence, Bond
6. *Mother's Maiden Name,*	Florence Arnold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles F. Bond
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Emma Myers
Address,	543 Nye Ave
Remarks,	1892000033 28

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41294.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, July 25, 1892.
4. Place of Birth, (Street and Number) 542 Mc Mechin.
5. Full Name of Mother, Mary Braxton.
6. Mother's Maiden Name, " Brooks.
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father, James Braxton.
9. Father's Occupation, Steveador.
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Johnson

Address, 704 Lyon St.

Remarks, 8920003329

A 35 10 1892

WM. J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 41296.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3 Date of Birth, July 17th 1892

4. Place of Birth, (Street and Number) 1323 Stockton st

5. Full Name of Mother, Catherine Strines

6. Mother's Maiden Name, Catherine McCartney

7. Mother's Birthplace, Balto

8. Full Name of Father, Edward Strines

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Hyrenbach

Address, 543 McCulloh st

Remarks, 1 8 9 2 0 0 0 3 3 3 0

This Certificate shall be delivered, duly signed by the practicioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41296.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 15/92
4. *Place of Birth (Street and Number)*	1 E. Monument St.
5. *Full Name of Mother*	Teresa Shaw Dixon
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Wm. J. Shaw
9. *Father's Occupation*	Stone-cutter
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	W. B. Ridenour
Address	67 Harlem Ave.
Remarks	

8920003331

At the time, or within the days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

41297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	18 July 1892.
4. *Place of Birth, (Street and Number)*	904 N. Eutaw St.
5. *Full Name of Mother,*	Jane Quickley.
6. *Mother's Maiden Name,*	" Chaney.
7. *Mother's Birthplace,*	Harford Md.
8. *Full Name of Father,*	Benjamine Quickley
9. *Father's Occupation,*	Orator.
10. *Father's Birthplace,*	Harford Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Annie Johnson
Address,	704 Tyson St.
Remarks,	18920003332

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 11298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or s no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the son or parents of such child to report its birth to the Commissioner of Health, in the manner and within the od above required, and any such person or persons who shall hereafter fail to comply with the provisions section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	July 18, 1892.
4. *Place of Birth, (Street and Number)*	204 Chew St.
5. *Full Name of Mother,*	Ruth Hayden.
6. *Mother's Maiden Name,*	" Prescott.
7. *Mother's Birthplace,*	Petersburg Va.
8. *Full Name of Father,*	William H. Hayden
9. *Father's Occupation,*	Traitor.
10. *Father's Birthplace,*	Petersburg Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louis Johnson
Address,	704 Tyson St.
Remarks,	8920003333

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 41299.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, July 19, 1892.
4. Place of Birth, (Street and Number) 1121 Etting St.
5. Full Name of Mother, Mary Elizabeth Smith. " Hastings.
6. Mother's Maiden Name, Worcester Co. Va.
7. Mother's Birthplace, Daniel Smith.
8. Full Name of Father. Porter.
9. Father's Occupation, Westmoreland Co. Va.
10. Father's Birthplace, Mrs. Annie Johnson. 704 Tyson St.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1892000334

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...pation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Com... ...shall occur without the attendance of a physician or prac... ...attendance upon the mother, immediately thereafter it sha... ...child to report its birth to the Commissioner of Health, in t... ...any such person or persons who shall hereafter fail to co... ...jected to the fine of ten (10) dollars for each offense, to be re...

RETURN OF A BIRTH. 41300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, July 25-92
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, Virginia Young.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks, 8920003335

Wm J. C. Dulany Co., City Printers and Stationers.

...delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health: In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd 1892

4. Place of Birth, (Street and Number) 111 Lee Lemon St

5. Full Name of Mother, Mary Lidard

6. Mother's Maiden Name, Mary Curtis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Lidard

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Grenzebach

Address, 543 W Mulberry St

Remarks, 1892000336

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 24-92
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Louisa Crow.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frances.

Address, 115 W. Lombard St.

Remarks,

1892 0003337

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d. Ruth Allyne Johnson.
1. *Sex, (state whether male or female)*	~~male~~ Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 24th. 1892
4. *Place of Birth, (Street and Number)*	Francis Street next door to Salem
5. *Full Name of Mother,*	Jenny Johnson,
6. *Mother's Maiden Name,*	Jenny Walls.
7. *Mother's Birthplace,*	Indiana.
8. *Full Name of Father,*	William J. Johnson
9. *Father's Occupation,*	Minister
10. *Father's Birthplace,*	Indiana
Name of Medical Attendant, or other person who makes this Return.	E. S. Shower. M. D.
Address,	2510 Penna. ave.
Remarks,	89200 338

...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. GUILMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 41307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 92
4. Place of Birth, (Street and Number) 408 W. 23rd St.
5. Full Name of Mother, Mary J. Hesterkamp
6. Mother's Maiden Name, Mary J. Hillinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ferdinand J. Hesterkamp
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart M.D.

Address, 120 W. 23rd St.

Remarks,

1 8 9 2 0 0 0 3 3 3 9

said schedule shall be delivered, duly signed by the practitioner or midwife, to the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 41305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) light brown
3. Date of Birth, [redacted] Dec ham st July 25 1892
4. Place of Birth, (Street and Number) 717 N Durham st
5. Full Name of Mother, Laura chase
6. Mother's Maiden Name, Laura Delosher
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Chase
9. Father's Occupation, driving cold cart
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. dr gage

Address,

Remarks, 1892000 3340

The law requires the name, nativity, residence and occupation of the parent or parents of such child to report its birth to the Commissioner of Health. In the number and with the proofs of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. S. GELSTON & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4/306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23th of July 1892
4. *Place of Birth, (Street and Number)*	762 West Mulberry Street
5. *Full Name of Mother,*	Kate Kreutzberg
6. *Mother's Maiden Name,*	" Hartel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Leonard Kreutzberg
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poppleton St
Remarks,	† 8920003341

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 41307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) M. Male.
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 25-92
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Lizzie Freeman.
6. Mother's Maiden Name, ~~~~
7. Mother's Birthplace, Md.
8. Full Name of Father, ~~~~
9. Father's Occupation, ~~~~
10. Father's Birthplace, ~~~~

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks, 1892000 3342

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each off... be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 23 th.
4.	*Place of Birth, (Street and Number)*	1821 N. Ramsay st
5.	*Full Name of Mother,*	Fannie Reynolds
6.	*Mother's Maiden Name,*	St Peter
7.	*Mother's Birthplace,*	Germantown Penn.
8.	*Full Name of Father,*	Harry Reynolds
9.	*Father's Occupation,*	works at navy yard
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	M. J. Lanahan
	Address,	339 S. Broadway
	Remarks,	Next time any asks name Fannie

1892000343

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, if any shall have ...as far as the same can be ascertained the full name and occupation of its ...parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its ...duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...third day of each and every month to the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner it shall become the ...thereafter it shall become the duty of the person or parents of such ...immediately thereafter it shall become the duty of the person or parents of such ...mother, in the manner and within the period above required, and ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...Commissioner of Health, in the manner and within the period above required, and ...hereafter fail to comply with the provisions of this section shall be sub-...persons who shall hereafter fail to comply with the provisions of this section shall be sub-...dollars for each offense, to be recovered as other fines/shall forfeitures are recoverable.

RETURN OF A BIRTH. A 11309.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 25 1920
4. *Place of Birth, (Street and Number)*	1301 Eutaw Pl
5. *Full Name of Mother,*	Mary Phillips
6. *Mother's Maiden Name,*	Mary Banner
7. *Mother's Birthplace,*	Bates
8. *Full Name of Father,*	Jas. Phillips
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	M. A. Butler
Address,	1245 E. Monument St.
Remarks,	All right 8920003344

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 1/1310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 26th 1892
4. Place of Birth (Street and Number),	2116 E. Fayette st.
5. Full Name of Mother,	Emma Keihne
6. Mother's Maiden Name,	" Baxter
7. Mother's Birthplace,	Sweden
8. Full Name of Father,	Ernst A. Keihne
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Rumanfield M.D.
Address,	129 S Broadway
Remarks,	1892003345

...ection, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltim... e Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-2-55

RETURN OF A BIRTH A 11311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amanda Rebecca Sedicum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th July 1892
4. Place of Birth, (Street and Number) Baltimore 1116 Columbia ave
5. Full Name of Mother, Grace Gertrude Sedicum
6. Mother's Maiden Name, Grace Gertrude Magruder
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Asa Theodore Sedicum
9. Father's Occupation, Professional Driver
10. Father's Birthplace, Balto, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N. Poplar Ston St

Remarks, 8920003346

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 41317.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Julis Marcus Jacobson

1. Sex, (state whether male or female) Male 3.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26 the 1892
4. Place of Birth, (Street and Number) 817 E. Pratt st
5. Full Name of Mother, Ida Jacobson
6. Mother's Maiden Name, Ida Marcus
7. Mother's Birthplace, Russia
8. Full Name of Father, Banert Jacobsan
9. Father's Occupation, Masin Hand
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs Swarzman

Address, 817 E. Pratt str.

Remarks, Baltimore Md

8920033 47

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of the parents, or in case of their absence from the city, or inability, of the guardian of every child born in the city of Baltimore, or of the owner, lessee, agent or manager of the premises where the mother of such child may be at the time of its birth, to cause the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 41313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 10 1892

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
	Sex, (state whether male or female)	Male.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	July 26 1892.
4.	*Place of Birth, (Street and Number)*	1929 Blunt St.
5.	*Full Name of Mother,*	Emma Garrett.
6.	*Mother's Maiden Name,*	" Williams.
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	Augustus Garrett.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return.	Mrs. Annie Johnson
	Address,	#704 Tyson St.
	Remarks,	

8920003348

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4/314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins (- 1st pregnancy)

1. Sex, (state whether male or female) both male

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, July 27-92

4. Place of Birth, (Street and Number) 115 W. Lombard

5. Full Name of Mother, Emma Thomas.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks,

1 8 9 2 0 0 0 3 3 4 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41315.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, July 22. 92
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Alice Hains.
6. Mother's Maiden Name,
7. Mother's Birthplace, Va.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frame.

Address, 115 W. Lombard St.

Remarks, 1892000335 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner or midwifery, or should no other person be in
it shall become the duty of the person or parents of such
in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitio-
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comp-
jected to the fine of ten (10) dollars for each offence, to be rec-

RETURN OF A BIRTH. 24316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 27 1892.
4. *Place of Birth, (Street and Number)* 308 S. Clinton St. Eastern.
5. *Full Name of Mother,* Katherine Diefert,
6. *Mother's Maiden Name,* Catherine Reoch.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Matthew Diefert.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Scotland.

Name of Medical Attendant, or other person who makes this Return, George Lotz M. D.

Address, 3139 Elliott St.

Remarks, 1 8 9 2 0 0 0 3 3 5 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 27th 1892
4.	*Place of Birth, (Street and Number)*	640 N Carey st
5.	*Full Name of Mother,*	Lillian J Earle
6.	*Mother's Maiden Name,*	Derr
7.	*Mother's Birthplace,*	Frederick Md
8.	*Full Name of Father,*	John G Earle
9.	*Father's Occupation,*	Telegraph Operator
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	E W Free
	Address,	602 N Carey St
	Remarks,	1892000335 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 1/1/18.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	July 27 1892
4.	*Place of Birth, (Street and Number)*	Ramsey St 208 No
5.	*Full Name of Mother,*	Mary Reinnon
6.	*Mother's Maiden Name,*	Mary Blondell
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	William Reinnon
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Charine Mitchell
	Address,	No 214 Parkin St
	Remarks,	1892000033 53

beth conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

41319

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 July
4. Place of Birth, (Street and Number) 1934 Fairmount ave
5. Full Name of Mother, Katie Heider
6. Mother's Maiden Name, Lehnkor
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil Heider
9. Father's Occupation, Carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R. Hilbig

Address, 1802 E Lexington

Remarks,

1 8 9 2 0 0 0 3 3 5 4.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

E 41320.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 25th 1892
4. *Place of Birth, (Street and Number)* 904 Baltimore st
5. *Full Name of Mother,* Lettia Ford.
6. *Mother's Maiden Name,* Lettia Allen
7. *Mother's Birthplace,* Texas
8. *Full Name of Father,* Charles A. Ford.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks, 18920003355

said schedule shall be delivered, duly signed by the practitioner in the case and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4321.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28
4. *Place of Birth, (Street and Number)* 1031 Bank St
5. *Full Name of Mother,* Rose May Hays
6. *Mother's Maiden Name,* Rose May Russell
7. *Mother's Birthplace,* Cincinnati O
8. *Full Name of Father,* William F Hays
9. *Father's Occupation,* Shirt cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry Myers

Address, 223 Clay St

Remarks, 8920003356

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 28 1892
4. *Place of Birth, (Street and Number)*	822 Harford
5. *Full Name of Mother,*	S. Gertrude
6. *Mother's Maiden Name,*	S. Estadt
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	C. Hermann
9. *Father's Occupation*	Manufacturer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	W. A. Bute
Address,	245 E. Monument St.
Remarks,	All Male

8920003357

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 28th 92
4. *Place of Birth, (Street and Number)*	#1842 Hilltop
5. *Full Name of Mother,*	Emelia Dash
6. *Mother's Maiden Name,*	" " Miller.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles H. Dash
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#106 S. Monroe st.
Remarks,	6 9 2 0 0 0 3 3 5 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41,324.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	July 28, 1892.
4.	*Place of Birth, (Street and Number)*	913 N. Eutaw St.
5.	*Full Name of Mother,*	Catherine Jolley.
6.	*Mother's Maiden Name,*	Carey.
7.	*Mother's Birthplace,*	Matthews Co. Va.
8.	*Full Name of Father,*	James Jolley.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Dorchester Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Annie Johnson
	Address,	704 Lyson St.
	Remarks,	

8920003359

Each collector is to enter, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 41326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4 th fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 28 th 1892
4. *Place of Birth, (Street and Number)*	1181 Pennsylvania Ave
5. *Full Name of Mother,*	Katie Doer
6. *Mother's Maiden Name,*	Katie Marie
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Denis Doer
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thos Anna Rosenzweig
Address,	546 Mc Mechen St
Remarks,	8920003360

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over

RETURN OF A BIRTH.

41326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~F.~~ Weltner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th July 1892
4. Place of Birth, (Street and Number) No 871 Raborg st
5. Full Name of Mother, Christiana Weltner
6. Mother's Maiden Name, " Mehrn
7. Mother's Birthplace, Schlitz Germany
8. Full Name of Father, Geo. John Weltner
9. Father's Occupation, Butcher
10. Father's Birthplace, Melzungen Germany

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8920003361

said schedule shall be delivered, duly signed by the practitioner, midwife, or person in attendance upon the mother, immediately thereafter if a child be born, and within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter if a child be born, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	July 28, 1892.
4.	*Place of Birth, (Street and Number)*	213 Rock St.
5.	*Full Name of Mother,*	Georgeanna Rice.
6.	*Mother's Maiden Name,*	" Willis
7.	*Mother's Birthplace,*	Lafayetteville N.C.
8.	*Full Name of Father,*	Thomas Rice.
9.	*Father's Occupation,*	Cook.
10.	*Father's Birthplace,*	Philadelphia.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Annie Johnson.
	Address,	104 Lyon St.
	Remarks,	

8920003362

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 41328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th 92.
4. *Place of Birth, (Street and Number)*	207 N. Chapel str.
5. *Full Name of Mother,*	Philipine Gotzian
6. *Mother's Maiden Name,*	Philipine Konrad
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Gotzian
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Charles H. A. Meyer
Address,	1019 N. Caroline str.
Remarks,	8920003363

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 41329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 29th 1892
4. Place of Birth, (Street and Number) 1103 Brighton Street
5. Full Name of Mother, Charlotte White
6. Mother's Maiden Name, Charlotte Dawson
7. Mother's Birthplace, Cobbhill Spotsylvania co Va
8. Full Name of Father, Richard White
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Celester Cook

Address, 108 Shields al

Remarks, 1 8 9 2 0 0 0 3 3 6 4

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 29 1897
4. *Place of Birth, (Street and Number)*	533 Eutaw
5. *Full Name of Mother,*	E. Eckhardt
6. *Mother's Maiden Name,*	E. Gruenhut
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	E. Eckhardt
9. *Father's Occupation*	Cutter
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Dr C. C. Bitter
Address,	1205 E Monument St.
Remarks,	All Well

1 8 9 2 0 0 0 3 3 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 41331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24th
4. *Place of Birth, (Street and Number)* # 1038 Hilliard St
5. *Full Name of Mother,* Mary Lizzie Walter
6. *Mother's Maiden Name,* Mary Lizzie Tackenberg
7. *Mother's Birthplace,* San Francisco Cal.
8. *Full Name of Father,* Frederic John Walter
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. A Fulby.

Address, # 1828 Eight St.

Remarks, D 8 9 2 0 0 0 3 3 6 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 29. 1892
4. Place of Birth, (Street and Number) Baltimore City 608, Campbell Campbell
5. Full Name of Mother, Annie Callaham
6. Mother's Maiden Name, Annie Hutton
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Callaham
9. Father's Occupation, Moulder
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Stutler

Address, 1030 Maiden St

Remarks, 8 9 2 0 0 0 3 3 6 7

Every birth occurring within the limits of Baltimore City shall be registered, and the full name and occupation of its parents, the date and place of birth, and the sex, color, and number (if not the first born) of the child, if born alive, shall be entered in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 41333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 29th 1892
4. *Place of Birth, (Street and Number)*	527½ Union St.
5. *Full Name of Mother,*	Mary Lanning
6. *Mother's Maiden Name,*	Mary Heiltz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Lanning
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Gruenz M
Address,	643 McMechen St
Remarks,	8920003368

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Frederick Garfield ~~Sadler~~ 4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 30th / 92
4. *Place of Birth, (Street and Number)*	Darley Lane
5. *Full Name of Mother,*	Agnes Sadler
6. *Mother's Maiden Name,*	" " Dolan
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Joseph Sadler
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#106 S. Monroe st.
Remarks,	GIVEN NAME ADDED 8 4 92 2 05 0 0 3 3 6 9
	L. M.

And the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4/336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Saturday July 30th 1892
4. *Place of Birth, (Street and Number)* 805 Ninth Court
5. *Full Name of Mother,* Lottie Washington
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Reuben Brown
9. *Father's Occupation,* Laboring Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane West

Address, 804 Sterling Street.

Remarks, 8920003370

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 41336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 30/1892
4. *Place of Birth, (Street and Number)*	1806 E. Eden
5. *Full Name of Mother,*	M. Peter
6. *Mother's Maiden Name,*	M. Hartmann
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	F. Peter
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. C. Bull
Address,	1206 E. Monument St. Corner of
Remarks,	All Well

8920003371

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over)

RETURN OF A BIRTH. H|337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Doyle Jr.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	July 30
4. Place of Birth, (Street and Number)	184 W Conn
5. Full Name of Mother,	Julia E Doyle
6. Mother's Maiden Name,	" Connor
7. Mother's Birthplace,	City
8. Full Name of Father,	J. P. Doyle
9. Father's Occupation,	Shoe Cutter
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return,	L. C. Bruce MD
Address,	511 Hanover
Remarks,	8920003372

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c) IIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 1892
4. *Place of Birth, (Street and Number)* Gough St 1813
5. *Full Name of Mother,* Martha Brandt
6. *Mother's Maiden Name,* " Gehold
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Brandt
9. *Father's Occupation,* Stender
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Driesbofer

Address,

Remarks, 1892 1860 Ea. Ft. 3 Ave

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK SAFETY FILM

RETURN OF A BIRTH.

4339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 Feby
4. *Place of Birth, (Street and Number)* 1018 E Cat St.
5. *Full Name of Mother,* Emma Thuber
6. *Mother's Maiden Name,* Langer
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Michel Thuber
9. *Father's Occupation,* Groc.
10. *Father's Birthplace,* Schoemacher

Name of Medical Attendant, or other person who makes this Return, Emma Walter

Address, 928 N. Cat St.

Remarks, 8920003374

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-18-56

RETURN OF A BIRTH. 41340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Albrecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 July - 1892
4. *Place of Birth, (Street and Number)* 1608 E Biddle st.
5. *Full Name of Mother,* Clara Albrecht
6. *Mother's Maiden Name,* = Riegel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Albrecht
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl. Av.

Remarks, 1 8 9 2 0 0 0 3 3 7 5

practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be re... third day of each and every month to the office of the Com... shall become the duty of the person or parents of such ... th, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-4134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20 1892
4. *Place of Birth, (Street and Number)* 612 Columbia road
5. *Full Name of Mother,* Margret May Freeman
6. *Mother's Maiden Name,* Margret M Carey
7. *Mother's Birthplace,* Woodberry
8. *Full Name of Father,* George Lewis Freeman
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 1947 Lancaster

Remarks,

8920003376

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th Day of July
4. Place of Birth, (Street and Number) 1172 Cleveland St
5. Full Name of Mother, Mary Agnes Borland
6. Mother's Maiden Name, Mary Agnes Hines
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Robert Borland
9. Father's Occupation, Hatter
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, Fulton Ave

Remarks, 8920003377

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday 30th at noon
4. Place of Birth, (Street and Number) 712 Portland St.
5. Full Name of Mother, Caroline E. Kavanaugh
6. Mother's Maiden Name, " " Sumler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Dennis Kavanaugh
9. Father's Occupation, Insurance
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bato Baugh

Address, Woodberry Sta

Remarks,

1892000337 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ~~White~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3 1892
4. Place of Birth, (Street and Number) 913 Bonney st
5. Full Name of Mother, Lydia A Pierce
6. Mother's Maiden Name, Horney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Pierce
9. Father's Occupation, Engine Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 924 Bonney st

Remarks, 1 8 9 2 0 0 0 3 3 7 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 6-10-57 A. 41345.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Michet ~~Dade~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st 1892
4. Place of Birth, (Street and Number) 1 N. Log of Ballard Preston
5. Full Name of Mother, Margaret Dade
6. Mother's Maiden Name, Sharkey
7. Mother's Birthplace, Washington
8. Full Name of Father, Henry Dade
9. Father's Occupation, Cooks
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs H E Rowles

Address, 216 N Patterson Pk Ave

Remarks, 8 9 2 0 0 0 3 3 8 0

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4/1340

GIVEN NAME ADDED 11-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~James~~ Benjamin Webb.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	July 31, 1892.
4.	*Place of Birth, (Street and Number)*	616 Gilbert St.
5.	*Full Name of Mother,*	Mary S. Webb
6.	*Mother's Maiden Name,*	Gallery.
7.	*Mother's Birthplace,*	Essex Co. Va.
8.	*Full Name of Father,*	Isaac Webb.
9.	*Father's Occupation,*	Porter.
10.	*Father's Birthplace,*	Essex Co. Va.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Annie Johnson
	Address,	704 Lyndale St.
	Remarks,	

8920003381

WM. J. C. SULLANY CO CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4134 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* July 31, 1892.
4. *Place of Birth, (Street and Number)* 1901 Etting St.
5. *Full Name of Mother,* Emma Scott.
6. *Mother's Maiden Name,* " Belt.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Hugh Scott.
9. *Father's Occupation,* Oysterman.
10. *Father's Birthplace,* Tappahannock Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Johnson.

Address, 704 Tyson St.

Remarks,

8 9 2 0 0 0 3 3 8 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-27-52

RETURN OF A BIRTH. A 41348.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Dorothy Marchant 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31 st. 1892
4. Place of Birth, (Street and Number) Dodie Marchant
5. Full Name of Mother, " Hultzen
6. Mother's Maiden Name, 815 Woodworth st.
7. Mother's Birthplace, Cumberland Va.
8. Full Name of Father, Thomas Marchant
9. Father's Occupation, Sailor
10. Father's Birthplace, Mathis Co. Va.

Name of Medical Attendant, or other person who makes this Return, L. L. Bodenhorn

Address, 418 S. Paca st

Remarks, 8920003383

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 31 er
4. *Place of Birth, (Street and Number)* 846 S. Eutaw st.
5. *Full Name of Mother,* Mullen J. Nelker
6. *Mother's Maiden Name,* " E. Stern
7. *Mother's Birthplace,* Morristown Md.
8. *Full Name of Father,* Harry F. Nelker
9. *Father's Occupation,* Type writer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Broadenbaugh

Address, 418 S. Paca st.

Remarks, 8920003384

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4/350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 31 1892
4. *Place of Birth, (Street and Number)* 512 S Broadway
5. *Full Name of Mother,* Maggie Gutman
6. *Mother's Maiden Name,* Reuse
7. *Mother's Birthplace,* Balt City Md
8. *Full Name of Father,* Jacob Gutman
9. *Father's Occupation,* 1st Lieut Division
10. *Father's Birthplace,* Balt City Md

Name of Medical Attendant, or other person who makes this Return, M H Davenport

Address, 2024 E Pratt St

Remarks, 8220085

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 41357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Evelyn Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, July 31st 1892,
4. Place of Birth, (Street and Number) 39 St Anns Avenue,
5. Full Name of Mother, Ida V. Harris.
6. Mother's Maiden Name, " " Sfranklin
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Robert Harris.
9. Father's Occupation, Printer.
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. J Ridgway Andrd M.D.

Address, 1123 E Balto st

Remarks, 8920003386

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

41,357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 31, 1892.
4. Place of Birth, (Street and Number) 203 Cedar ave.
5. Full Name of Mother, Belvia Hollicora Thompson
6. Mother's Maiden Name, Tisdall.
7. Mother's Birthplace, Md.
8. Full Name of Father, Robert B. Thompson.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edw. H. Whitehead M.D.

Address, 291 Chestnut ave

Remarks, 8920003387

Wm J C. Dulany Co., City Printers and Stationers.

Any midwife, physician or practitioner in the State of Maryland, who shall neglect to deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 31st
4. *Place of Birth, (Street and Number)*	26 Albemarle street
5. *Full Name of Mother,*	Jana Skola
6. *Mother's Maiden Name,*	Barbera
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Vincent Skola
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs Jenny Trumbo
Address,	19 N. Eden street
Remarks,	8920003388

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41354.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31 1892
4. Place of Birth, (Street and Number) E. Pulaski 1802
5. Full Name of Mother, Annie Kirchner
6. Mother's Maiden Name, Michael
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Otto Kirchner
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosenhofer

Address, 1865 Eastern Ave.

Remarks, 8 9 2 0 0 8 3 5

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41353.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, July 31, 1892
4. *Place of Birth*, (*Street and Number*) 527 N. Gay St.
5. *Full Name of Mother*, Linna Glickman
6. *Mother's Maiden Name*, Linna
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Louis Glickman
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return J. H. Mitnick, M.D.

Address, 406 N. Exeter St.

Remarks, 8920003390

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

STR. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 31 — 1892
4. *Place of Birth, (Street and Number)* 36 N. Caroline St.
5. *Full Name of Mother,* Emma Williamsen
6. *Mother's Maiden Name,* Lingelbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Williamsen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 1 8 9 2 0 0 0 3 3 9 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31st " 1892
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Minnie Gatt.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return, J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks, 1892003392

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4/318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, July 31, 1892
4. Place of Birth, (Street and Number) 939 Idaho St
5. Full Name of Mother, Magdalene Fiddler
6. Mother's Maiden Name, Magdalene Gunman
7. Mother's Birthplace, Germany
8. Full Name of Father, George Fiddler
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo L Swayne

Address, 726 Eutaw St

Remarks, 8920003393

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

41359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 2d
4. Place of Birth, (Street and Number) Upton St Corner
5. Full Name of Mother, Sarah Banks
6. Mother's Maiden Name, Sarah Cure
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Frank Banks
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Mrs Elsworth Wilcox

Address, Carroll Inst Office

Remarks,

8920003394

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 41360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Helen Katherine Marie Buettinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1912
4. Place of Birth, (Street and Number) 2415 E. Fayette St
5. Full Name of Mother, A. Buettinger
6. Mother's Maiden Name, Lochner
7. Mother's Birthplace, [illegible]
8. Full Name of Father, H. H. Buettinger
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 8920003395

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. # 41361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* ♂
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 4th 1892
4. *Place of Birth, (Street and Number)* 1134 Glamberg Ave
5. *Full Name of Mother,* Elizabeth Naylor
6. *Mother's Maiden Name,* Lowe
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Edward Naylor
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, M L Leddy

Address, 1004 W Lexington St

Remarks, 8920003396

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11th 1892
4. *Place of Birth, (Street and Number)* 15 E Montrose St
5. *Full Name of Mother,* Lizzie Chenoweth
6. *Mother's Maiden Name,* Dorsey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard Chenoweth
9. *Father's Occupation,* Truck driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm A Ledley

Address, 1004 W Lexington St

Remarks, 8920003397

A certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41365

GIVEN NAME ADDED 8-7-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine Caroline Fornoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of July 1892
4. Place of Birth, (Street and Number) 217 North Schroder St
5. Full Name of Mother, Mary Fornoff
6. Mother's Maiden Name, Heuchner
7. Mother's Birthplace, City
8. Full Name of Father, Christian Fornoff
9. Father's Occupation, Tailor
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 Lexington St.

Remarks, 892000398

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41364.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th July 1892
4. *Place of Birth, (Street and Number)* 216 East Mulberry St
5. *Full Name of Mother,* Mary Weber
6. *Mother's Maiden Name,* nee Steinkamp
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jacob Weber
9. *Father's Occupation,* Trunk maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Wm A Ladler

Address, 1011 E Lexington St

Remarks, 8920003399

And the blanks shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. C. 4,365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 July 1892
4. *Place of Birth, (Street and Number)* 908 E. Pratt
5. *Full Name of Mother,* Sarah Rosenau
6. *Mother's Maiden Name,* Hirt
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ben Rosenau
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St

Remarks, + 8920003400

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

E. 41366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21 1892
4. *Place of Birth, (Street and Number)* Carroll. Baltimore City
5. *Full Name of Mother,* Mrs Annie M. McTeipe
6. *Mother's Maiden Name,* Annie M. Biebel
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* Mr Bernard C Teipe
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Baltimore County. Maryland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carroll Post Office

Remarks, Balto County Md

1892003401

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner ... form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner ... midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4/387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th 1892
4. *Place of Birth, (Street and Number)* 1031 Hillman St
5. *Full Name of Mother,* Mary A. Sheehan
6. *Mother's Maiden Name,* Mary A. Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Denis J. Sheehan
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. B. Saunders M.D

Address, 819 E. Lanvale St

Remarks, 8920003402

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 41368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23d July 1892
4. *Place of Birth, (Street and Number)* 1418 Orleans St.
5. *Full Name of Mother,* Rae Freidman
6. *Mother's Maiden Name,* Shrimaled
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Phil Freidman
9. *Father's Occupation,* Cigar Business
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Ichenman

Address, 42 Allemarle St.

Remarks, 8920003403

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23, 1892
4. Place of Birth, (Street and Number) 991 Fredericks Ave Ext.
5. Full Name of Mother, Emma Frances Phelps
6. Mother's Maiden Name, Emma Frances Weber
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William C. Phelps.
9. Father's Occupation, Gentleman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 991 Fredericks Ave Ext

Remarks, 8920003404

The practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. № 41370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23. 1892
4. Place of Birth, (Street and Number) 921 Frederick ave Ext
5. Full Name of Mother, Annie J. Peregoy.
6. Mother's Maiden Name, Annie J. Chenke.
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, William Francis Peregoy.
9. Father's Occupation, Laboper.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, J B Mullinix M.D.

Address, 952 Frederick ave Ext

Remarks, 18920003405

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 24 July 1892
4. *Place of Birth, (Street and Number)* 307 Exeter St.
5. *Full Name of Mother,* Hella Steinberg
6. *Mother's Maiden Name,* Stavezthy
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Steinberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks, 1 8 9 2 0 0 0 3 4 0 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 July 1892
4. *Place of Birth, (Street and Number)* Fagnitte St 609
5. *Full Name of Mother,* Eva Miller
6. *Mother's Maiden Name,* Epstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Miller
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Callamander St

Remarks, 8920003407

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Catharine Emilie ~~Knaup~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 July 1892
4. *Place of Birth, (Street and Number)* 915 E Pratt St
5. *Full Name of Mother,* Augusta Knaup
6. *Mother's Maiden Name,* " (Meyer) Meyer
7. *Mother's Birthplace,* Bremen Germany
8. *Full Name of Father,* August Knaup
9. *Father's Occupation,* Solister + Saloon Keeper
10. *Father's Birthplace,* Bremen Germany

Name of Medical Attendant, or other person who makes this Return, E Lehmann

Address, 2 Albemarle St

Remarks, 8920003408

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5th July 1892
4. Place of Birth, (Street and Number) 1415 Bruce Street
5. Full Name of Mother, Carrie Elizabeth Valentine
6. Mother's Maiden Name, Carrie " Gardner
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, John Valentine
9. Father's Occupation, Farmer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent st near Baker

Remarks, 18920003409

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 10/18/73

RETURN OF A BIRTH.

41374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: REGINA MURPHY

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 13 1892
4. Place of Birth, (Street and Number) 1253 E. Fayette st.
5. Full Name of Mother, Margaret R. Murphy
6. Mother's Maiden Name, " " Mellon
7. Mother's Birthplace, Balto.
8. Full Name of Father, William H. Murphy
9. Father's Occupation, Keeper of Hardware
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward P. McDevitt

Address, 208 Augusta

Remarks, 18920003410

Filed 1892

Said schedule shall be delivered, duly signed by the practitioner in the ... of a certificate between the first and third day of each and every month to the office of the Commissioner of ... Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ..., or should no other person be in attendance upon the mother, immediately thereafter it shall be ... duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 41375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 16th 1892.

4. *Place of Birth, (Street and Number)* 509 W Hoffman St

5. *Full Name of Mother,* Sarah Berry

6. *Mother's Maiden Name,* Sarah Woodland

7. *Mother's Birthplace,* St Mary's Co Md

8. *Full Name of Father,* John Berry

9. *Father's Occupation,* Coachman

10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return Edward G Mackenzie M.D

Address. 324 W Biddle St.

Remarks, 8920003411

...ING., CITY PRINTERS AND STATIONERS.

...ed, duly signed by the practitioner, in the form of a ...place of its birth, and the said schedule shall be delivered, duly ... certificate, between the first and third day of each and every ... birth of any child shall occur without the attendance of a ... should no other person be in attendance upon the mother, ... duty of the parent or parents of such child to report its ... within the period above required, except in the cases of the ... any person or persons who shall hereafter fail to comply with ... to a fine of ten dollars for each offence, to be recovered as ... ...ch month to the Board of Health. In case the ... ...ysician, or of a practitioner of midwifery, or ... ...mediately thereafter, it shall then manner, and ... ...to the Board of Health, in the manner, and ... ...births and deaths of illegitimate children, and ... ...with the provisions of this section shall be subject ... ...as other fines and penalties are recoverable.

RETURN OF A BIRTH. A 4|3751/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th 1892

4. Place of Birth, (Street and Number) 296 N. Central ave

5. Full Name of Mother, Sarah Ehrlich

6. Mother's Maiden Name, " Pines

7. Mother's Birthplace, Ballo.

8. Full Name of Father, Berthold Ehrlich

9. Father's Occupation, Foreman Steinways Cook & Co

10. Father's Birthplace, Saranna Georgia

Name of Medical Attendant, or other person who makes this Return, Edward Dudley

Address, 208 Aisquith st

Remarks, 18920003412

said schedule shall be delivered, duly signed by the pe[titioner] ... and the ... certificate between the first and ... case the birth of any child ... should no other person be in ... midwifery, or should the person or parents of such ... the duty of the period above required, and ... manner and within the provisions of this section shall be sub- ... with the ... dollars for each offence, to be recovered ... other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 41376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 8th. Albert 7/20/20 A.2.2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, July 11th 1920
4. *Place of Birth*, (*Street and Number*) 1116 N. Lafayette St
5. *Full Name of Mother*, Catherine Lockett Davis
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Balto. Md.
8. *Full Name of Father*, George Rachel
9. *Father's Occupation*, Plasterering
10. *Father's Birthplace*, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm Mayo Hillegeist

Address, 1018 Monument St

Remarks, 18920003413

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 11377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 18th 1892
4. *Place of Birth, (Street and Number)*	256 Francis St
5. *Full Name of Mother,*	Lena Ehatt
6. *Mother's Maiden Name,*	Lena Gastell
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Ehatt
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Edward G. Mackenzie M.D.
Address,	32 W Biddle St
Remarks,	8920003414

Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the deaths and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 41378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 25th 1892.
4. *Place of Birth, (Street and Number)*	14 E. Lay Stewart bet Lexington & Hart's Bittersoffer
5. *Full Name of Mother,*	Mary Stewart.
6. *Mother's Maiden Name,*	Krueger
7. *Mother's Birthplace,*	Frank Bittersoffer.
8. *Full Name of Father,*	Beer Brewer.
9. *Father's Occupation,*	Germany.
10. *Father's Birthplace,*	Mrs. Brugs.
Name of Medical Attendant, or other person who makes this Return.	#1600 N. Chester St.
Address,	
Remarks,	8920003415

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-19-52 GIVEN NAME ADDED 1-16-52

RETURN OF A BIRTH. 41379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: David Millhauser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June ~~July~~ 21st 1892
4. Place of Birth, (Street and Number)	619 W Lexington
5. Full Name of Mother,	Flora Millhauser
6. Mother's Maiden Name,	Flora Adler.
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	Moses Millhauser
9. Father's Occupation	Merchant
10. Father's Birthplace,	Pa.
Name of Medical Attendant, or other person who makes this Return,	J. W. Chambers M.D.
Address,	
Remarks,	8920003416

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 413791/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23rd 1892
4. Place of Birth, (Street and Number) 664 N. Eutaw st.
5. Full Name of Mother, Mary E. Shay
6. Mother's Maiden Name, Mary E. Reilly
7. Mother's Birthplace, Bells.
8. Full Name of Father, David A Shay
9. Father's Occupation, Carter
10. Father's Birthplace, Staunton Va

Name of Medical Attendant, or other person who makes this Return, Edward P. McDonald

Address, 208 Arey with st.

Remarks, 8920003417

Wm J C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of certificate... between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the... or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 41380.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 24th 1892

4. *Place of Birth, (Street and Number)* 122 St Paul's Ave

5. *Full Name of Mother,* Amalia Mohl

6. *Mother's Maiden Name,* Zuber.

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Henry Mohl

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Henry Hilbert

Address, 1733 E. Monument St

Remarks,

8920003418

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th 1892

4. Place of Birth, (Street and Number) 1624 N. Caroline St

5. Full Name of Mother, Barbara Zeshuesen

6. Mother's Maiden Name, Will

7. Mother's Birthplace, Prussia

8. Full Name of Father, Henry Zeshuesen

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm Dena Dillegent

Address, 1038 E. Monument St.

Remarks, 1892000341 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27th 1892
4. *Place of Birth, (Street and Number)* # 1010 E Eager St
5. *Full Name of Mother,* Mary Ridgley
6. *Mother's Maiden Name,* " Fay
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Eldridge Ridgley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Hanna Killgarist

Address, 1103 E Monument St

Remarks,

18920003420

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health, within the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner, the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 27th 1892
4. *Place of Birth, (Street and Number)*	1211 Sprent St.
5. *Full Name of Mother,*	Emma Kirsch
6. *Mother's Maiden Name,*	" Huse
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John F. Kirsch
9. *Father's Occupation,*	Restaurant & Liquor Dealer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Edward P. McDevitt
Address,	208 Aisquith St
Remarks,	18920003421

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41383/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 28. 1892

4. Place of Birth, (Street and Number) 815 E. Fayette St.

5. Full Name of Mother, Elmire Letinger

6. Mother's Maiden Name, " Hancock

7. Mother's Birthplace, Balto

8. Full Name of Father, Howard Letinger

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edward [illegible]

Address, 108 Aisquith

Remarks, 1892000342 2

Wm. J. C. Dulany Co., City Printers and Stationers.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-41424

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 806 E. Madison St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)

3. Name of child: Lottie Gertrude Morton

4. Date of birth: August 2 1892 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Name: Samuel Morton
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace: Penna. (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name: Emma
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace: Maryland (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice:

I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

(Signed) J. A. Fechtig M. D.
Physician (or midwife) who attended this birth

Address .....

Date SEP 6 1892

Date rec'd by local registrar August 18 1892

Signed Dr. James F. McShane 8 9 2
Registrar

Given name added ..... by Registrar per .....

Robt. E. Lee Marye M.D.
Commissioner of Health and Registrar

FS 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A11582

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County
(c) City or town
(If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child HERMAN SCHNEIDER

4. Date of birth August 11, 1892
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Friedrich C. Schneider
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Unknown
(City, town, or county) (State or foreign country)
13. Usual occupation Stone Mason
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Elisabeth Gault
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

(Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)
or .....
(Certifying Professional Midwife)
Address .....

24. Date rec'd by local registrar August 19 1892

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

State Registrar of Vital Records

C 7 2 0 0 0

VS 100

Volume: 12
Page: 186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A41885

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1528 Latrobe
(If rural give location)

3. Full name of child

4. Date of birth August 4, 1892
(Month) (Day) (Year)

5. Sex Female | 6. Twin or triplet | If so—born 1st, 2d, or 3rd | 7. Number weeks of pregnancy | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name William E. Holmes
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Virginia
(City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Lillie F. Fisher
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Virginia
(City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:
1528 Latrobe

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar September 6, 1892

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) H. B. Stevenson M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robert E. Lawley M.D.
Commissioner of Health and Registrar

Address .....
February 17, 1970
Date

VS 100 No information appears on the original filing for [illegible] not appearing on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A41992

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child Annie K. Yingling

4. Date of birth 08 29 1892 (Month) (Day) (Year)

5. Sex: female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Phillip Yingling
10. Color or race white 11. Age at time of this birth ..... yrs.
12. Birthplace Baltimore (City, town, or county) MD. (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Susie Crawford McLean
16. Color or race white 17. Age at time of this birth ..... yrs.
18. Birthplace Baltimore (City, town, or county) MD. (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by Annie K. Yingling, related to this child as Self

(Signed) Phillip Yingling M. D. (Midwife) attended this birth (Midwife)
or Commissioner of Health and Registrar
Address 4/25/77 Date

24. Date rec'd by local registrar filed August 1892

25. Signed Dr. James F. McShane Registrar

26. Given name added ..... by Registrar per .....

1892 0003426

VS 100

1892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A42021

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Mulberry Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. .....
(If rural give location)

3. Full name of child MAUDE EVELYN SEABORN

4. Date of birth August 11, 1892
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... | If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Joseph Augustus Seaborn
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Croom, Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation Warehouseman
14. Industry or business Tobacco

MOTHER OF CHILD

15. Full Maiden Name Luna Cordelia Hook
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Croom, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as Self

24. Date rec'd by local registrar August 10, 1892

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) [signature] M. D.
Physician (or midwife) who attended this birth (Midwife)
or .....
Address State Registrar of Vital Records
Date

VS 100

8920003427

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Folio 190

1892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-42034

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1011 Stiles Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1011 Stiles Street
(If rural give location)

3. Full name of child ALICE HERALD

4. Date of birth August 20, 1892
(Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name John Herald
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Lina
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as Self

24. Date rec'd by local registrar September 7 1892

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Sidney [illegible] Norton M. D.
Physician (or midwife) who attended this birth (Midwife)
or State
Commissioner of Health and Registrar

Address ..... Date

VS 100 Given Name added 6-10-75 8 9 2 0 0 0 3 4 2 8

1892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-42217

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore.....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write RURAL)
(d) Street No.....
(If rural give location)

3. Full name of child BERNARD ALEXANDER MANNING

4. Date of birth September 5, 1892
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd 1st | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Hamilton Manning
10. Color or race C 11. Age at time of this birth ..... yrs.
12. Birthplace Boydton, Virginia
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Maria Jones
16. Color or race C 17. Age at time of this birth ..... yrs.
18. Birthplace Towson, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
838 Tyson St.
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar September 19 1892

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) [signature] M. D.
Physician* (or midwife) who attended this birth (Midwife)
or .....
STATE REGISTRAR OF VITAL RECORDS
Address .....
Date

VS 100

8 9 2 0 0 0 3 4 2 9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-42560

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Baltimore, Maryland
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County .....
(c) City [redacted] Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. .....
(If rural give location)

3. Full name of child: BESSIE SARAH MARGOLIS

4. Date of birth: Sept. 12 1892
(Month) (Day) (Year)

5. Sex: female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M

FATHER OF CHILD

9. Full Name: Solomon Margolis
10. Color or race: W 11. Age at time of this birth ..... yrs.
12. Birthplace: Russia
(City, town, or county) (State or foreign country)
13. Usual occupation: Merchant
14. Industry or business: .....

MOTHER OF CHILD

15. Full Maiden Name: Yeta Meister
16. Color or race: W 17. Age at time of this birth ..... yrs
18. Birthplace: Russia
(City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: home

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? 0
(c) How many children were **born** dead? 0

22. Mother's mailing address for registration notice:
Exeter Street
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as Self

24. Date rec'd by local registrar September 1892

25. Signed Dr. George F. Rohe
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Sidney Kahn M. D
Physician (or midwife) who attended this birth (Midwife)
or [redacted] Registrar
Address .....
Date

VS 100

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-43055

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Lombard & Front Sts.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Rural
(If outside city or town limits, write RURAL)
(d) Street No. Glynden
(If rural give location)

3. Full name of child: Clara Margaret Siegel

4. Date of birth: October 8, 1892
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy 9 mos. | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name: Franz John Siegel
10. Color or race: W 11. Age at time of this birth: 58 yrs.
12. Birthplace: Germany
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business: Wine & Liquor Importer

MOTHER OF CHILD

15. Full Maiden Name: Caroline Eckhardt
16. Color or race: W 17. Age at time of this birth: 48 yrs.
18. Birthplace: Glynden
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 6
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
2213 E. Pratt St.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar: October 1892

25. Signed: Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robt E. Lee, M.D.
Commissioner of Health and Registrar

Address ..... Date

VS 100

1 8 9 2 0 0 0 3 4 3 1

RETURN OF A BIRTH.

43580.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 1st 1892

4. Place of Birth, (Street and Number) 631 Greenwillow "stret

5. Full Name of Mother, Mrs. Lillie Thomas

6. Mother's Maiden Name, Lillie Kelly

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, Charles D. Thomas

9. Father's Occupation. Driver

10. Father's Birthplace, Baltimor City Md

11. Name of Medical Attendant, or other person who makes this Return, Celestial Cook.

12. Address, N 744 Bradley Street

13. Remarks, 8920003432

, City Printers and Stationers.

RETURN OF A BIRTH.

43381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Five.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Nov. 17th 1892.
4. *Place of Birth, (Street and Number)*	637 S. Patterson Pk. Ave
5. *Full Name of Mother,*	Emma M. Frederick
6. *Mother's Maiden Name,*	" " " Meister.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John G. L. Frederick
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Taylor.
Address,	#615 S. Patterson Pk. Ave.
Remarks,	

8920003433

J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43587.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st
4. Place of Birth, (Street and Number) 1737 Dallas St
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, Lizzie Boisch
7. Mother's Birthplace, Baltimore County Md
8. Full Name of Father, Joseph Miller
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Martha A Festes

Address, 1600 East Lanvale st

Remarks,

8920003434

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

A 4358

Sex, Male No. of Child of Mother, 10

Race or Color, White

Date, Nov. 1

Place of Birth, 1512 North ave

Full Name of Mother, Mary V. Fleming

Mother's Maiden Name, Fountain

Mother's Birthplace, Baltimore

Full Name of Father, Wm Fleming

Father's Occupation, Compositor

Father's Birthplace, Baltimore

Mrs. Lucia Evans
944 N Fay St.
Bn. M.

892 0003435

43583 1/2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 1 november
4. Place of Birth, (Street and Number) Baltimore 626 Bethel st
5. Full Name of Mother, agnes conway
6. Mother's Maiden Name, agnes Watkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, george conway
9. Father's Occupation, color
10. Father's Birthplace, easton shore maryland

Name of Medical Attendant, or other person who makes this Return, corrine jotson

Address, 401 lurse st

Remarks, well as can be expect

8 9 2 0 0 0 3 4 3 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	Mulatto
3.	*Date of Birth,*	The 1 of November 1892.
4.	*Place of Birth, (Street and Number)*	#1415 Hollbrook St.
5.	*Full Name of Mother,*	Minnie Young.
6.	*Mother's Maiden Name,*	Minnie F. Leishman.
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	George F. Young.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Lauer
	Address,	459 Harford Ave.
	Remarks,	1892000343 Baltimore Md Fitz D

GUILEY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A. 43585.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within the City of Baltimore, shall report to the registrar aforesaid, within six days
tly the date of birth, sex, and color of the child or children born, its or their physical
born or not, the full name, nativity, and residence of the parents, and the maiden
such child or children.

NOV 4 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 1st 1892
4. *Place of Birth (Street and Number)*	3-16 N. Carey St
5. *Full Name of Mother*	Maggie Griffin
6. *Mother's Maiden Name*	Maggie Frenis
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	George W. Griffin
9. *Father's Occupation*	Picture frame Joiner
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	E. Buchanan M. D.
Address	3-26 S. Sharp St

8920003438

RETURN OF A BIRTH. A 43586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, November 1 1892.
4. Place of Birth, (Street and Number) No. 1401 E. Lanvale St.
5. Full Name of Mother, Catherine Delaney.
6. Mother's Maiden Name, Catherine Hubbard.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Joseph Delaney.
9. Father's Occupation, Shoe Finisher.
10. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other person who makes this Return. C. K. Elwell M. D.

Address, 1741 Hanford ave

1892 NOV 2

1892000343 9

...tioners.

RETURN OF A BIRTH. A 143587.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 1, 1892.
4. Place of Birth, (Street and Number) No. 1314 N. Broadway.
5. Full Name of Mother, Sally Brown.
6. Mother's Maiden Name, Sally Bapp.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Joseph Brown.
9. Father's Occupation, Conductor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Hanford ave

1892 0003440

...tioners.

RETURN OF A BIRTH.

43588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth.	Born Nov 1st 1892
4. Place of Birth, (Street and Number)	#34 Franklin Str
5. Full Name of Mother,	Mrs Mary Heinzerling
6. Mother's Maiden Name,	Mrs " Junger
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Aug Heinzerling
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2121 W Pratt Sts

1 8 9 2 0 0 0 3 4 4 1

The full name and occupation of the parents, the date and place of birth; and the color, duly signed by the practitioner in the form of a certificate between the first and delivered, duly signed by the practitioner of Health. In case the birth of any child month to the office of the Commissioner of midwifery, or should no other person be in every attendance of a physician or practitioner of midwifery, or should no other person be in the other, immediately thereafter it shall become the duty of the person or parents of such the 'to the Commissioner of Health, in the manner and within the period above required, and persons who shall hereafter fail to comply with the provisions of this section shall be sub- ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ners.

RETURN OF A BIRTH. 43089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
	Sex, (state whether male or female)	Male
1.	*Race or Color, (if not of the white race)*	White
2.	*Date of Birth,*	November 2nd 1892
3.	*Place of Birth, (Street and Number)*	1211 Mc. Calls court
4.	*Full Name of Mother,*	Carrie Elsworth haney
5.	*Mother's Maiden Name,*	Carrie Elsworth tolson
6.	*Mother's Birthplace,*	Baltimore . md
7.	*Full Name of Father,*	John haney
8.	*Father's Occupation,*	Painter
9.	*Father's Birthplace,*	northumberland . co. va
10.	*Name of Medical Attendant, or other person who makes this Return*	Ellenore a. anderson
	Address,	1434 Patapsco st

1892000 3442

rth as far as the same can be ascertained the full name of each child, (if any shall have color, the full name and occupation of its parents, the date and place of birth; and the delivered, duly signed by the practitioner in the form of a certificate between the first and ery month to the office of the Commissioner of Health. In case the birth of any child attendance of a physician or practitioner of midwifery, or should no other person be in mother, immediately thereafter it shall become the duty of the person or parents of such is birth to the Commissioner of Health, in the manner and within the period above required, and or persons who shall hereafter fail to comply with the provisions of this section shall be sub- e of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 43590.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	2d day of November.
4. Place of Birth, (Street and Number)	No 1713 Brunt St.
5. Full Name of Mother,	Lozathea Wernsdorfer.
6. Mother's Maiden Name,	Lozathea Sterk.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	John Wernsdorfer.
9. Father's Occupation,	Track boss.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs Donnelly.
Address,	No 1635 Little Walker St.
Remarks,	None.

1 8 9 2 0 0 0 3 4 4 3

...each child, if any shall have ... and the ... first and ... child ... be in ... other person ... such ... required, and ... section shall be sub... ... with the provisions of this section shall be ... are recoverable. ... as other fines and forfeitures ...

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or some one duly of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* white Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 2
4. *Place of Birth, (Street and Number)* 614 n Bond St
5. *Full Name of Mother,* Fredericka Witzgall
6. *Mother's Maiden Name,* Fredericka Wittmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Peter Witzgall
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Walter

Address, 428 n Bond St

Remarks, 8920003444

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 43597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 2nd 1892
4. Place of Birth, (Street and Number) 413 Short St.
5. Full Name of Mother, Annie Hawkins
6. Mother's Maiden Name, Annie Cornish
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hawkins
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Clyde Burns, M.D.

Address, 1126 E. Fayette St

Remarks,

1 8920003445

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the place of birth; and the [illegible] conferred) its sex, color, the full name and occupation of its parents, the [illegible] of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of [illegible] intervening between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 43593.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 2" 1892
4. *Place of Birth, (Street and Number)* 506. N. Fremont ave
5. *Full Name of Mother,* Gertrude L. Nichols
6. *Mother's Maiden Name,* Gertrude L Rothrock
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James B. Nichols (Nichols)
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Raleigh N. C.

Name of Medical Attendant, or other person who makes this Return, James E. Willing M.D.

Address, 508. N. Fremont ave

Remarks, 8920003446

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 43594

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2
4. Place of Birth, (Street and Number) 249 Calverton road
5. Full Name of Mother, Mary Emma Harris
6. Mother's Maiden Name, Mary E Reynolds
7. Mother's Birthplace, Woodberry
8. Full Name of Father, Joseph Harris
9. Father's Occupation, grass cutter and distributor
10. Father's Birthplace, Cattonsville

Name of Medical Attendant, or other person who makes this Return, Mary Jane Pierce

Address, 2847 Lakewood ave

Remarks,

8920003447

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 113595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 2nd 1892
4. Place of Birth, (Street and Number)	# 112 Payson Str
5. Full Name of Mother,	Mrs Mary Meier
6. Mother's Maiden Name,	Mrs " Engel
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Anton Meier
9. Father's Occupation,	Confection Store
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	1 8 9 2 0 0 0 3 4 4 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November Second
4. Place of Birth, (Street and Number) Vincent St 3 doors from Mosher
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Harrisonburg Va
8. Full Name of Father, Wm Waters
9. Father's Occupation, Laborer
10. Father's Birthplace, Frederick Md
Name of Medical Attendant, or other Person who makes this Return Eliza Forster
Address, 1600 Vincent St
Remarks, very good

1892 0003449

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

H35-97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Nov
4. *Place of Birth, (Street and Number)* 1141 Mc Elderry st
5. *Full Name of Mother,* Fannie Rosenberg
6. *Mother's Maiden Name,* " Waishofsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Rosenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbig

Address, 1302 E Lexington st

Remarks,

1892 0003450

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November the 2nd 1892
4. *Place of Birth, (Street and Number)* East Hamburg St 1917
5. *Full Name of Mother,* Maggie Shelton
6. *Mother's Maiden Name,* Maggie Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Shelton
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkson

Address, 1114 W. Cross St

Remarks, Respectfully 2 yrs 3 M. 5 D. Wilkson

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) color
3. Date of Birth, Nove 3th 1892
4. Place of Birth, (Street and Number) 805 Chiney st
5. Full Name of Mother, Hester Bond
6. Mother's Maiden Name, Hester Nicthal
7. Mother's Birthplace, Dorchester county
8. Full Name of Father, William R Bond
9. Father's Occupation, Labor
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leaden - Hall st

Remarks, five dollars

8920003452

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and occupation of the physician or midwife present at the birth. In case there was no physician or midwife present, the same can be ascertained by the Commissioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner or parents of such third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a practitioner it shall become the duty of the person above required, and attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 43601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 3 — 1892
4. *Place of Birth, (Street and Number)*	808 Scott st
5. *Full Name of Mother,*	Anna Gerhardt
6. *Mother's Maiden Name,*	Imhoff
7. *Mother's Birthplace.*	America
8. *Full Name of Father,*	Joe Gerhardt
9. *Father's Occupation,*	Shoe maker
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser. Midwife
Address,	1832 Hanover st.
Remarks,	8920003453

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Mozember the 3, d
4. Place of Birth (Street and Number)	721, nerth mulbery street
5. Full Name of Mother	Sophia young
6. Mother's Maiden Name	Sophia Forester
7. Mother's Birthplace	Baltimore MD.
8. Full Name of Father	William young
9. Father's Occupation	Waiter
10. Father's Birthplace	queens anne County
Name of Medical Attendant, or other Person who makes this Return.	mrs Sophia Johnson
Address	Biddle street Shelter
Remarks	

8920003454

RETURN OF A BIRTH. 43603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Second child
1. Sex, (state whether male or female)	boy
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	3 of November
4. Place of Birth, (Street and Number)	Greenwillow Street 631
5. Full Name of Mother,	Ella Jackson
6. Mother's Maiden Name,	Ella Cole
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Jackson
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Celester Cook
Address,	8744 Bradley Street
Remarks,	8920003455

1892

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43604.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 9 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Kinder
1. *Sex, (state whether male or female)*	Girls
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3 November
4. *Place of Birth, (Street and Number)*	Philpot str. 1418
5. *Full Name of Mother,*	Mary Meehan
6. *Mother's Maiden Name,*	Mary Mcalinde
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Meehan
9. *Father's Occupation*	Foreman Tyson Factory
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Maria Pell
Address,	S. Bond st. 838
Remarks,	8920003456

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) January

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 3d. 1892. 11 30 P.M. adk.

4. *Place of Birth, (Street and Number)* 1336 N. Henry St

5. *Full Name of Mother,* Annie Lautenbacker

6. *Mother's Maiden Name,* Annie Zimmer

7. *Mother's Birthplace,* Phila Pa.

8. *Full Name of Father,* John Lautenbacker

9. *Father's Occupation,* Hatter

10. *Father's Birthplace,* Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. A. M. Barton

Address, 1136 W. Lexington

Remarks, 8920003457

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CIRCULAR NOV 5 1892

RETURN OF A BIRTH. A 43606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 3 d 1882
4. Place of Birth, (Street and Number) No 910 Fredrick Ave
5. Full Name of Mother, Kate Mausberger
6. Mother's Maiden Name, Kate Leman
7. Mother's Birthplace, Battimore
8. Full Name of Father, Charles Mausberger
9. Father's Occupation, Painter
10. Father's Birthplace, Battimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 2 0 0 0 3 4 5 8

Nov 11 1882

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable, as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 6th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 3rd 1892
4. Place of Birth, (Street and Number) 1433 N. Gay St.
5. Full Name of Mother, Laura J. Minnick
6. Mother's Maiden Name, " " Harper
7. Mother's Birthplace, Balto city
8. Full Name of Father, John R. Minnick
9. Father's Occupation. Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, ~~or other person who makes this Return.~~ Geo L. Taylor M.D

Address, 1254 N. Broadway

Remarks, 1 8 9 2 0 0 0 3 4 5 9

month, and shall set down in said schedule the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 43608

GIVEN NAME ADDED 3-13-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Harry Spencer	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	3 Nov. 1892
4. Place of Birth, (Street and Number)	1531 Myrtle Ave,
5. Full Name of Mother,	Alice G. Spencer,
6. Mother's Maiden Name,	McCauley,
7. Mother's Birthplace,	Balto. City,
8. Full Name of Father,	J. H. Spencer,
9. Father's Occupation,	Salesman,
10. Father's Birthplace,	Balto. City,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Lanvale St
Remarks,	8920003460

been conferred. its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, within thirty days after the birth. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. K. McCLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or proper midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	3d nov 1892
4.	*Place of Birth, (Street and Number)*	Dallas St 415.
5.	*Full Name of Mother,*	Lulu Gamby
6.	*Mother's Maiden Name,*	Lulu Robinson
7.	*Mother's Birthplace,*	Baltimore Dallas Street
8.	*Full Name of Father,*	Thomas Robinson
9.	*Father's Occupation,*	Can shop Lab. cutter colored
10.	*Father's Birthplace,*	Dallas St Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson
	Address,	401 Lewis St
	Remarks,	Doing well

8920003461

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Nov
4. Place of Birth, (Street and Number) 1609 E. Pratt st
5. Full Name of Mother, Lottie Richter
6. Mother's Maiden Name, " Seebach
7. Mother's Birthplace, Balto
8. Full Name of Father, Lawrence Richter
9. Father's Occupation, Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbrig

Address, 1302 E Lexington st

Remarks,

1 8 9 2 0 0 0 3 4 6 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...be ascertained, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 3rd 1892
4. *Place of Birth, (Street and Number)* 9 Stoverman St
5. *Full Name of Mother,* Mary Goldman
6. *Mother's Maiden Name,* Mary Golin
7. *Mother's Birthplace,* Prange
8. *Full Name of Father,* Abraham Goldman
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Nettie Klaumeka

Address, 477 E. Lombard St

Remarks, 1 8 9 2 0 0 0 3 4 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, no other person is in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

43612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3rd, 1892
4. Place of Birth, (Street and Number) No. 124 Madeira Street
5. Full Name of Mother, Mrs. Annie Siegel
6. Mother's Maiden Name, Miss Annie Tauselman
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Frederick H Siegel
9. Father's Occupation, Caterer
10. Father's Birthplace, Baltimore, Maryland.

Name of Medical Attendant, or other person who makes this Return. Wm H. Glendinning M.D.

Address, No. 201 North Broadway

Remarks,

1892 0003464

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WD 4 3612

GM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43613.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 14 1882

ild of Mother, (state whether 1st, 2d, 3d, &c.) Third

tate whether male or female) Male

or Color, (if not of the white race) White

of Birth, November 3d

of Birth, (Street and Number) 653 West Conway Street

Name of Mother, Annie Henrietta Hoofer

r's Maiden Name, Annie Henrietta Kreis

r's Birthplace, Baltimore Md

Name of Father, Lawrence Frederick J. Kreis

r's Occupation Engineer Sta

r's Birthplace, Baltimore Md

of Medical Attendant, or other person who makes this Return,

ess, Dessa Killegrest

rks, 1038 East Monument Street Eik

8920003465

y Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43614.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 3rd 1892
4. *Place of Birth, (Street and Number)* 1601 Eutaw Place
5. *Full Name of Mother,* Minnie K. Westcott
6. *Mother's Maiden Name,* Kendall
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* James W. Westcott
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return, Thos. P. McConnick MD

Address, 1421 Eutaw Place

Remarks, 8920003466

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 3. 1892
4. *Place of Birth, (Street and Number)*	2419 Oak St
5. *Full Name of Mother,*	Augusta Lindner
6. *Mother's Maiden Name,*	" Rosbeck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Mack Lindner
9. *Father's Occupation,*	Dairyman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	A. Tinsley MD
Address,	2102 St Paul St
Remarks,	

8920003467

M. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 43616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1892
4. Place of Birth, (Street and Number) 103 N. Mount st
5. Full Name of Mother, Mary Estelle Flaherty
6. Mother's Maiden Name, " " Hawkins
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Philip Flaherty
9. Father's Occupation, Stationary Dealer
10. Father's Birthplace, ~~Baltimore Co. Maryland~~

Name of Medical Attendant, or other person who makes this Return. Jas E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

8920003468

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-3-52

RETURN OF A BIRTH. 43617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - ~~Gertrude~~ Harriett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Nove 4th 1892
4. *Place of Birth, (Street and Number)* 25 West Hugles st
5. *Full Name of Mother,* Ida Tobes
6. *Mother's Maiden Name,* Ida Gross
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Phillip Tobes
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Seaden - Hall st

Remarks, five dollars

8 9 2 0 0 0 3 4 6 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Jan 4/92
4. *Place of Birth, (Street and Number)* 915 Aisquith St
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation,* Lab.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jas. T. Woodland

Address,

Remarks,

8920003470

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 4th 1892
4. Place of Birth, (Street and Number) 1500 N. Regester
5. Full Name of Mother, Barbara Oswinkle
6. Mother's Maiden Name, Barbara Donaldson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Oswinkle
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 8920003471

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 4th 1890
4. *Place of Birth, (Street and Number)*	No 314 Hamburg St
5. *Full Name of Mother,*	Mary Sheckels
6. *Mother's Maiden Name,*	Mary Hubbard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Sheckels
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1517 Byrd St
Remarks,	

8920003472

month, and shall set forth all the name of the child, its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 43671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE NOV 7 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race ~~or Color, (if not of~~ the white race)
3. Date of Birth, No 4th 1892.
4. Place of Birth, (Street and Number) No 19th Bank Lane
5. Full Name of Mother, Ellinora F Cahill
6. Mother's Maiden Name, " " Thornton
7. Mother's Birthplace, Michael J Cahill
8. Full Name of Father, Balto city
9. Father's Occupation, Croellery
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Rudow M.D.

Address, 1123 E. Balto St

Remarks,

8920003473

Rules, Regulations and Penalties.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance it shall be the duty of the physician or midwife in attendance upon any birth which shall occur within the City of Baltimore, to report the same to the Commissioner of Health, in the manner hereinafter provided, within ten days after the occurrence of such birth; and in case there shall be no physician or midwife in attendance upon such birth, then it shall be the duty of the father, mother, householder or other person having knowledge of the facts, to report the same to the Commissioner of Health, in the manner hereinafter provided, within ten days after the occurrence of such birth.

Sec. 2. And be it ordained, That the Commissioner of Health shall cause to be prepared and printed such blank forms as may be necessary for the purposes of this ordinance, and shall cause the same to be distributed to the several physicians and midwives practicing in the City of Baltimore, and to such other persons as may be required to report births under the provisions of this ordinance.

Sec. 3. And be it ordained, That the Commissioner of Health shall cause to be recorded the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4367 V

GIVEN NAME ADDED 3-22-61

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 14 1892

Name:	August Albert Thieme
ild of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
tate whether male or female)	a boy
or Color, (if not of the white race)	White
of Birth,	November 5th
of Birth, (Street and Number)	1216 East Biddle st.
Name of Mother,	Mary Cristina Thieme
r's Maiden Name,	Mary Cristina Schmidt
r's Birthplace,	Baltimore
Name of Father,	August Thieme
r's Occupation	Cutler
r's Birthplace,	Germany
of Medical Attendant, or other person who makes this Return,	Tina Hilleghist
ss,	Monument st 1038
ks,	8920003474

y Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH.

43673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 5th 1892
4. Place of Birth, (Street and Number) No. 20 Carroll St
5. Full Name of Mother, Clara H. Goldman
6. Mother's Maiden Name, Clara H. Hier
7. Mother's Birthplace, Germany
8. Full Name of Father, John F. Goldman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8920003475

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 14367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Nov 5th 1892
4. *Place of Birth (Street and Number),* 1116 N. Carrollton Ave
5. *Full Name of Mother,* Katie Elizabeth Baker
6. *Mother's Maiden Name,* Katie Elizabeth Mormann
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* George Franklin Baker
9. *Father's Occupation,* Book Binder
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return. J. C. Hammann

Address, 212 W. Franklin St

Remarks, 1 8 9 2 0 0 0 3 4 7 6

and shall set forth the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter it shall become the duty of the person to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

40625.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	November 5 1892
4. *Place of Birth, (Street and Number)*	11 27 Claude Alley
5. *Full Name of Mother,*	Sophia Elizabeth Boyer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Hyman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Gorsuch Carson # 861 Stockholm St
Address,	Same
Remarks,	None

1892000347 7

CITY REGISTRAR

J. D. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

...pation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Nov. 1910

4. Place of Birth, (Street and Number) Lancaster St.

5. Full Name of Mother, Lina Paslinski

6. Mother's Maiden Name, Yavorski

7. Mother's Birthplace, Poland

8. Full Name of Father, John Paslinski

9. Father's Occupation Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 800 Ann St.

Remarks, 8920003478

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	5 November
4.	*Place of Birth, (Street and Number)*	11 Colonel st
5.	*Full Name of Mother,*	Dena Kobb
6.	*Mother's Maiden Name,*	Dena Albert
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Will Kobb
9.	*Father's Occupation,*	Cooper
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Schuman
	Address,	409 South Bond st
	Remarks,	8920003479

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 43628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained by the said [illegible] the full name and residence of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 5th
4. *Place of Birth, (Street and Number)*	303 Lombard St
5. *Full Name of Mother,*	Alice Cronin
6. *Mother's Maiden Name,*	Alice Lenton
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Thos Cronin
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	Edw Grandpre
Address,	517 Lombard
Remarks,	

1892000348 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

43679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5 1892
4. Place of Birth, (Street and Number) 120 N Bank St
5. Full Name of Mother, Mary Hagerty
6. Mother's Maiden Name, " Hustel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Hagerty
9. Father's Occupation, Sheet Iron Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J T Spicknall MD

Address, 14 N Patterson Pk Ave

Remarks,

8920003481

The name, sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colloard
3. Date of Birth, Nov. 5
4. Place of Birth, (Street and Number) City 15 Andrew av
5. Full Name of Mother, Elizabeth Milburn
6. Mother's Maiden Name, Elizabeth Briseo Bell
7. Mother's Birthplace, Charles Co Md
8. Full Name of Father, Briseo Bell
9. Father's Occupation, Waiter
10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other person who makes this Return, Doreas J Gary

Address, 11 E Andrew av

Remarks, 8 9 2 0 0 0 3 4 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 6th 1892
4. Place of Birth, (Street and Number)	1143 N. Carey st
5. Full Name of Mother,	Amelia L. Springer
6. Mother's Maiden Name,	" Horpel
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John Franklin Springer
9. Father's Occupation,	Teacher
10. Father's Birthplace,	Hagerstown - Maryland
Name of Medical Attendant, or other person who makes this Return,	Jas. E. Gibbons M.D.
Address,	833 Edmondson ave
Remarks,	18920003483

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

43632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 6th 1892
4. Place of Birth, (Street and Number) 21 Little Broadway
5. Full Name of Mother, Mary Elizabeth Bradford
6. Mother's Maiden Name, Mary Elizabeth Boddy
7. Mother's Birthplace, Anne Arundel Co Md
8. Full Name of Father, John C. Bradford
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mondawney

Address, 24 S Regester St

Remarks, 1892000 3484

The full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43633.

GIVEN NAME ADDED, 4-11-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mathilda Anna Schaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 6/92.
4. *Place of Birth, (Street and Number)* 1129 E. Lombard St
5. *Full Name of Mother,* Mary Schaefer
6. *Mother's Maiden Name,* Heise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schaefer
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jennie Trunk

Address, 19 N. Eden St.

Remarks, 1 8 9 2 0 0 0 3 4 8 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 43634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 6th 95
4. *Place of Birth, (Street and Number)*	#340 S. Stricker St
5. *Full Name of Mother,*	Barbara Piller
6. *Mother's Maiden Name,*	" " Sadler
7. *Mother's Birthplace,*	Schrewzbury Pa.
8. *Full Name of Father,*	John Piller
9. *Father's Occupation,*	Printer.
10. *Father's Birthplace,*	Bavaria Germany
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#1065 S. Monroe St.
Remarks,	8920003486

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the p... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Healt... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence, to ...

by the practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... cian or practitioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... of Health, in the manner and within the period above required, and ... fer fail to comply with the provisions of this section shall be sub- ... fence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 436305

GIVEN NAME ADDED 7-25-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William ~~ATTILA~~ FROEHLICH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 6th 1892
4. *Place of Birth, (Street and Number)* 2 Earle Court
5. *Full Name of Mother,* Annie Froehlicla
6. *Mother's Maiden Name,* Annie Fuchs
7. *Mother's Birthplace,* Brugg - Switzerland
8. *Full Name of Father,* Gustave Froehlich
9. *Father's Occupation,* Laboring man
10. *Father's Birthplace,* Brugg - Switzerland

Name of Medical Attendant, or other person who makes this Return, Louise Eaton. M.D.

Address, 1120 McCulloh Street.

Remarks,

8920003487

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 43636

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seckond Child

1. Sex (state whether male or female) mail Child

2. Race or Color (if not of the white race) Colard race

3. Date of Birth november-6-

4. Place of Birth (Street and Number) 1008 Parrish alley Baltimore Md

5. Full Name of Mother Priscella [redacted] Cullison

6. Mother's Maiden Name Wake

7. Mother's Birthplace Baltimore Md-

8. Full Name of Father William Cullison

9. Father's Occupation genrel laber

10. Father's Birthplace St. Marys Co. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Bayssar

Address 1327 Calhoun Street Balto Md

Remarks

8920003488

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Comulssioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 43637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	9th of November.
4.	*Place of Birth, (Street and Number)*	#104 Somerset St.
5.	*Full Name of Mother,*	Mary McKenna.
6.	*Mother's Maiden Name,*	Mary Murray
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	John McKenna.
9.	*Father's Occupation,*	Furniture Dealer.
10.	*Father's Birthplace,*	Ireland.
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Christina Lauer.
	Address,	#1059 Harford Ave. Baltimore Md.
	Remarks,	8920003489 City.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. 6 November 6th 1892

4. Place of Birth, (Street and Number) 701 Fulton Ave

5. Full Name of Mother, Clara R Snowden

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Virginia

8. Full Name of Father, W. W. Snowden

9. Father's Occupation, Merchant

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Jno. H. Blair

Address, Carlton Ave

Remarks, This was a premature birth 8 months

8920003490

any name shall have been conferred,) its sex, color, the full name and ... of the parent, in the form of a ... The practitioner, in case the ... Board of Health. In case the ... a practitioner of midwifery, or ... after, it shall then become the ... of Health, in the manner, and ... births and deaths of illegitimate children, and ... this section shall be subject ... are recoverable.

... T & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CERT. NUMBER ADDED 11-23-31 A 43639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether* 1st, 2d, 3d, &c.~~) Marguerite Elizabeth Blocker

1. *Sex*, (~~*state whether male or female*~~) Female,
2. *Race or Color*, (~~*if not of the* white race~~)
3. *Date of Birth*, Nov 6th 1931
4. *Place of Birth*, (*Street and Number*) 923 N Gilmor St.
5. *Full Name of Mother*, Catherine Blocker,
6. *Mother's Maiden Name*, Catherine Lord,
7. *Mother's Birthplace*, Talbot Co Md
8. *Full Name of Father*, Albert E Blocker.
9. *Father's Occupation*, Salesman.
10. *Father's Birthplace*, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, John D C Brazelton M.D.

Address, 662 Mulberry St.

Remarks, 8920003491

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43640.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7, 1892.
4. Place of Birth, (Street and Number) No. 1822 N. Caroline st.
5. Full Name of Mother, Bertha Eviline Kifer.
6. Mother's Maiden Name, Bertha Eviline Baltimore
7. Mother's Birthplace, Clarence A. Kifer.
8. Full Name of Father, Telegraph Operator
9. Father's Occupation, Baltimore
10. Father's Birthplace, Amy A. Elwell M.D.
    Name of Medical Attendant, or other person who makes this Return, 1241 Harford ave.
    Address,
    Remarks, 8920003492

said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth* Nov 4th
4. *Place of Birth, (Street and Number)* 561 Harlem Ave
5. *Full Name of Mother,* Anne Rosenheim.
6. *Mother's Maiden Name,* Loeby.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Sol. Rosenheim.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Murphy

Address, 319 W Monument St

Remarks,

8920003493

ascertained the full name of each child (if any shall have been con... parents, the date and place of birth, and the said schedule shall be d... certificate between the first and third day of each and every month ... birth of any child shall occur without the attendance of a Physician ... be in attendance upon the mother, immediately thereafter it shall ... report its birth to the Commissioner of Health, in the manner and ... or persons who shall hereafter fail to comply with the provisions of ... for each offence to be recovered as other fines and forfeitures are re...

...ion conferred ... signed by the practitioner in the form of a ... shall be deliver... of the Commissioner of Health. In case the ... month to the ... physician or practitioner of mid-wifery, or should no other person ... it shall become the duty of the person or parents of such child, to ... ner and within the period above required, and any such person ... sions of this section, shall be subjected to the fine of ten (10) dollars ... s are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 43647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th (Eleventh)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7th 1892
4. Place of Birth, (Street and Number) 1574 W. Franklin St
5. Full Name of Mother, Ella Susan Perry
6. Mother's Maiden Name, " Loving
7. Mother's Birthplace, " Virginia
8. Full Name of Father, John Perry
9. Father's Occupation, Book Keeper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Jas. E. Gibbons M.D.

Address, 833 Edmondson Ave

Remarks, 18920003494

been committed to its sex, color, the full name and occupation of its parents, the ... of a certificate between the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... In case the birth of any child third day of each and every month to the office of the Commissioner of Health. ... or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery ... of the person or parents of such attendance upon the mother, immediately thereafter it shall become the ... of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other ... and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 43643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether~~ male or female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Nov 7th 1892
4. *Place of Birth, (Street and Number)* 1321 Valley St
5. *Full Name of Mother,* Carrie Kuhn
6. *Mother's Maiden Name,* " Fleischmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Kuhn
9. *Father's Occupation,* Foreman Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Adolph Theerkorn M.D.

Address, 101 W. Preston St

Remarks,

8 9 2 0 0 0 3 4 9 5

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 of November
4. *Place of Birth, (Street and Number)*	1305 W. Pratt St
5. *Full Name of Mother,*	Mary Elizabeth Shipley
6. *Mother's Maiden Name,*	Mary Elizabeth Chandler
7. *Mother's Birthplace,*	Montgomery Orange Co Va
8. *Full Name of Father,*	Frances Marian Shipley
9. *Father's Occupation,*	Yeaton for the B & O. R. R.
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other person who makes this Return,	Wm Thom
Address,	1310 W Pratt St
Remarks,	8920003496

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Childsmone M. Rosenblat

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 8th 1892
4. Place of Birth, (Street and Number) 626 Light st.
5. Full Name of Mother, Mrs Lena Rosenfelat
6. Mother's Maiden Name,
7. Mother's Birthplace, born in Russion
8. Full Name of Father, Mr Benjamin Rosenblat
9. Father's Occupation, Carpenter work
10. Father's Birthplace, born in Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Leno Borber

Address, 46 E. Park st near Light

Remarks, 18920003497

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-24-57

RETURN OF A BIRTH.

43646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha May ~~Bolden~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov 8th 1892.
4. *Place of Birth, (Street and Number)* Baltimore Md 321 Woody & or
5. *Full Name of Mother,* Annie M Bolden.
6. *Mother's Maiden Name,* Annie M Myers.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas J Bolden.
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keaning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Baby are doing well.

6 9 2 5 0 0 3 4 9 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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ation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
in the manner and within the period above required, and
omply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43647.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 8th 92
4. *Place of Birth, (Street and Number)*	614. S. Register St.
5. *Full Name of Mother,*	Lizza Kallfleisch
6. *Mother's Maiden Name,*	Lizza Nuss.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Kallfleisch
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Engelhart
Address,	1726 Eastern Ave.
Remarks,	

89 2 0 0 0 3 4 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Nov.

4. Place of Birth, (Street and Number) Lancaster 1710

5. Full Name of Mother, Sophia Adamus

6. Mother's Maiden Name, " Gadd

7. Mother's Birthplace, Poland

8. Full Name of Father, John Adamus

9. Father's Occupation Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyzka

Address, 806 Aisquith

Remarks, 8920003500

C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-8-56

13649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Beck~~ Fourth and Eleventh

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) —

3. Date of Birth, Nov. 8. 1892

4. Place of Birth, (Street and Number) 31 S. Front St.

5. Full Name of Mother, Mrs. Annie Elizabeth Rost Beck

6. Mother's Maiden Name, Miss Annie Elizabeth Rost

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Jacob Beck

9. Father's Occupation, Clothier Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A. A. Lewis M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

8920003501

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 143650

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Tuesday Nov. 8th 1892

4. Place of Birth (Street and Number) 740 W. Pratt

5. Full Name of Mother Louisa Catharine Rupp,

6. Mother's Maiden Name " " Kuhl,

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father John C. Rupp,

9. Father's Occupation Provision & grocery dealer

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Charles Getz, M.D.

Address 312 N. Carey St.

Remarks I would be obliged for a package of Health Office envelopes — My own supply is quite exhausted. G.

879 2 0 0 0 3 5 0 2

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children.

RETURN OF A BIRTH. 43657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 8. 1892.

4. Place of Birth, (Street and Number) Garrett Av. 1472.

5. Full Name of Mother, Laura Hemlein

6. Mother's Maiden Name, Laura. Nops

7. Mother's Birthplace, Germany

8. Full Name of Father, Thom Hemlein

9. Father's Occupation, Gabaer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs Ethel

Address, No 617 Cuba St

Remarks, 8920003503

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A36572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Nov 8= 1892

4. Place of Birth (Street and Number), 1805 Light St

5. Full Name of Mother, Mary M. Gallagher

6. Mother's Maiden Name, Mary M. Stevens

7. Mother's Birthplace, Balto md

8. Full Name of Father, James J. Gallagher Jr

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return. Mrs E. Donaldson

Address, 1832 Light St

Remarks, mother and child do well

6920003504

Publication Building, City Printers and Stationers.

The parents, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parent shall be delivered, duly signed by the practitioner in the form each and every month to the office of the Commissioner of Health the attendance of a physician or practitioner of midwifery, or mother, immediately thereafter it shall become the duty of the the Commissioner of Health, in the manner and within the period who shall hereafter fail to comply with the provisions of this sec for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 13653.

GIVEN NAME ADDED 4-9-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha ~~May~~ Geisler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 1e

1. *Sex, (state whether male or female)* Mulatto
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 & 1 November 1892
4. *Place of Birth, (Street and Number)* Bal. St. No. 1518
5. *Full Name of Mother,* Mary Geisler
6. *Mother's Maiden Name,* Selm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johan Geisler
9. *Father's Occupation* Work Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Karoline Selm 29 Fort Ely No 434

Remarks, 1 8 9 2 0 0 0 3 5 0 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 9, 1892.
4. *Place of Birth, (Street and Number)* No. 1109 E. Federal st.
5. *Full Name of Mother,* Mary Nice.
6. *Mother's Maiden Name,* Mary Connolly.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Howard M. Nice.
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. R. Elsewell, M.D., 1741 Harford ave.

Address,

Remarks, Born prematurely - weak & lung.

1892 0003506

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

4/3643

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 9. 1892

4. Place of Birth, (Street and Number) Near Woodbury Courtplace 5th Am.

5. Full Name of Mother, Caroline Wood

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Mass

8. Full Name of Father, Fred. W. Wood.

9. Father's Occupation, Pns. Maryland Steel Co

10. Father's Birthplace, Mass

Name of Medical Attendant, or other Person who makes this Return — Robt. Johnson M.D. 101 N. Fremont Ave. City

Address.

Remarks,

1892000 3507

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE RECEIVED 10-29-32

43606.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Barton ~~Amey~~ Amey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th 1892
4. Place of Birth, (Street and Number) No 1306 Patapsco st
5. Full Name of Mother, Mary ~~(Amey)~~ Amey
6. Mother's Maiden Name, Mary ~~Fitz~~ Deitz
7. Mother's Birthplace, Harford Co md
8. Full Name of Father, William ~~Amey~~ Amey
9. Father's Occupation, Fish dealer
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address,

Remarks,

1 8 9 2 0 0 0 3 5 0 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person licensed by the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 173657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9 1892
4. Place of Birth, (Street and Number) 138 N Bradford Alley
5. Full Name of Mother, Grethe Thompson
6. Mother's Maiden Name, " Rolfson
7. Mother's Birthplace, Norway
8. Full Name of Father, Frank Thompson
9. Father's Occupation, Fireman on Vessel
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return. J T Shucknall M.D.

Address, 14 N Patterson Park Ave

Remarks,

8920003509

been conferred) its sex, color, the full name and occupation of its parents, the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 10th
4. *Place of Birth, (Street and Number)* Lombard St 1109.
5. *Full Name of Mother,* Jannie Isenstein
6. *Mother's Maiden Name,* Jannie Isenstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Henry Isenstein
9. *Father's Occupation,* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, L. Grzywatch.

Address, N. High 19

Remarks, 189 U003510

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 10, 1892.
4. Place of Birth, (Street and Number) 517 S. Montford Ave.
5. Full Name of Mother, Jennie Todd,
6. Mother's Maiden Name, Jennie Gaff,
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William F. Todd.
9. Father's Occupation, Captain.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Taylor.

Address, #615 S. Patterson Pk. Ave.

Remarks, 1892 0003511

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10th Nov 1892
4. Place of Birth, (Street and Number) 302 Orchard St Balto. Md.
5. Full Name of Mother, Grace Stretts Grace Mcculloh
6. Mother's Maiden Name, Virginia
7. Mother's Birthplace, William Stretts
8. Full Name of Father, Bookkeeping
9. Father's Occupation, Baltimore
10. Father's Birthplace, Fannie Myers
Name of Medical Attendant, or other person who makes this Return, No 223 Clay St
Address,
Remarks, 8920003512

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 113661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 10th, 1892
4. Place of Birth (Street and Number)	# 814 Canton St.
5. Full Name of Mother	Anna Mary Kirkwood
6. Mother's Maiden Name	A. M. Rehberger
7. Mother's Birthplace	City
8. Full Name of Father	George Henry Kirkwood
9. Father's Occupation	Smelter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	#1709 Alice Anna St
Remarks	

8920003513

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 43667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Nov. 10th 192
4. *Place of Birth,* (*Street and Number*) 1011 Ridgely St.
5. *Full Name of Mother,* Elizabeth Coop Racke
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Coop
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 128 W. Lee St

Remarks,

1892000003514

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

pation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such immediately thereafter it shall become the duty of the person or parents of such child, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43663.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Colored.
3.	*Date of Birth,*	Nov 10 1892
4.	*Place of Birth, (Street and Number)*	Baltimore Short. St 412
5.	*Full Name of Mother,*	Mrs Gussie Evelen. Green
6.	*Mother's Maiden Name,*	Miss Gussie Evelen Jolly
7.	*Mother's Birthplace,*	Eastern Shore Maryland
8.	*Full Name of Father,*	John Knox Green
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Balto City Md
	Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson
	Address,	Louis st 401
	Remarks,	During visit.

1892 0003515

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 13662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Nov 10 th 1892
4. *Place of Birth, (Street and Number)*	# 1847 Ramsey St
5. *Full Name of Mother,*	Mrs Kate Bachman
6. *Mother's Maiden Name,*	Mrs " Regan Hassen Gennery
7. *Mother's Birthplace,*	George Bachman
8. *Full Name of Father,*	Stone Cutter
9. *Father's Occupation*	Hessen Germany
10. *Father's Birthplace,*	Mrs Hiller
Name of Medical Attendant, or other person who makes this Return.	2127 W Pratt
Address,	8 9 2 0 0 0 3 5 1 6
Remarks,	

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 45665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	November 11th 92.
4. *Place of Birth, (Street and Number)*	1502 N. Durham str.
5. *Full Name of Mother,*	Mary E. Groves
6. *Mother's Maiden Name,*	M. E. Greaves
7. *Mother's Birthplace,*	Philadelphia Pa.
8. *Full Name of Father,*	Walter Groves
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Wilmington Del.
Name of Medical Attendant, or other person who makes this Return.	Charles H. A. Meyer
Address,	1019 N. Carolina str.
Remarks,	18920003517

...en conferred on the ... form of a certificate between the first and ... practitioner in the ... Health. In case the birth of any child ... said schedule shall be delivered, duly signed by the ... to the office of the Commissioner of Health. In case no other person be in ... third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such ... practitioner of midwifery, or should no person or parents of such ... shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person above required, and ... it shall become and within the period above required, and ... attendance upon the mother, immediately in the Health, in the manner and within the period aforesaid to report its birth to the Commissioner of Health, in the manner and within the period aforesaid. ... child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid. ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 43666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 11th

4. Place of Birth, (Street and Number) 1476 Fawcett Ave Balto

5. Full Name of Mother, Mrs James Sullivan

6. Mother's Maiden Name, Margret Kennedy

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Sullivan

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Anne O'Connor

Address, 1112 Hawbert St

Remarks, Locust Point

1 8 9 2 0 0 0 3 5 1 8 City

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. A 43667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 of November 1892
4. *Place of Birth, (Street and Number)* 2131 Est. Nord-Ave
5. *Full Name of Mother,* Julie Bradley
6. *Mother's Maiden Name,* Julie Kraft
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Wilson Bradley
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hill M. D.

Address, 207 N. Castle Str-Baltimore

Remarks, — 1 1 1

8 9 2 0 0 0 3 5 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	11 Dezember
4. *Place of Birth, (Street and Number)*	Richardson 1429.
5. *Full Name of Mother,*	Hannah Taylor
6. *Mother's Maiden Name,*	" Kennedy.
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	William Taylor.
9. *Father's Occupation,*	Boilermaker
10. *Father's Birthplace,*	Scotland.
Name of Medical Attendant, or other person who makes this Return,	Catherine Myers.
Address,	Boston st. 1421 Locus Point.
Remarks,	1892000 3520

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

43669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been considered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 12/92
4. *Place of Birth, (Street and Number)* 1558 Richland St.
5. *Full Name of Mother,* Mrs Ida Mason
6. *Mother's Maiden Name,* Ida Smith
7. *Mother's Birthplace,* Illinois
8. *Full Name of Father,* Wm. H. Mason
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Chicago Ill.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2645 Frances St.

Remarks,

8920003521

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 12 1892
4. *Place of Birth, (Street and Number)* 1148 Argyle Avenue
5. *Full Name of Mother,* Ida May Short
6. *Mother's Maiden Name,* " " Greene
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Charles Henry Short
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt City

Name of Medical Attendent, or other person who makes this Return. Wm Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

1 8 9 2 0 0 0 3 5 2 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

RETURN OF A BIRTH.

4367

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 12th 6 P.M. 1892
4. Place of Birth (Street and Number)	1027 Druid Hill Avenue
5. Full Name of Mother	Letitia Harris
6. Mother's Maiden Name	Letitia Palmer
7. Mother's Birthplace	Wayneton Warren Co N. C.
8. Full Name of Father	Samuel G Harris
9. Father's Occupation	Gradwaiter
10. Father's Birthplace	Philadelphia Penn
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sophia Johnson
Address	Home for aged Colored People Riddle Street
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

8920003523

RETURN OF A BIRTH.

A 43677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Febr. 12
4. *Place of Birth, (Street and Number)* Greenmount Ave 714
5. *Full Name of Mother,* Anna Seiler
6. *Mother's Maiden Name,* Anna Wenzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otto Seiler
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Walter

Address, 428 N. Bond St.

Remarks,

8920003524

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-13-57

RETURN OF A BIRTH

43673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilbur Petz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7th) Seventh

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, November 13th 1892
4. Place of Birth (Street and Number), 758 George Street
5. Full Name of Mother, Emma Petz
6. Mother's Maiden Name, Emma Gottschalt
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, Andrew Petz Jr.
9. Father's Occupation, Druggist - Foreman at Burroughs Bros
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return. J. C. Hammann

Address, 212 W. Franklin St

Remarks, 1 8 9 2 0 0 0 3 5 2 5

This Return must be made as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

43674.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether*~~ 1*st*, ~~*2d, 3d, &c.*~~) .....

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~) .....
2. *Race or Color,* (~~*if not of the*~~ *white race*) .....
3. *Date of Birth,* Nov 13th 92. .....
4. *Place of Birth,* (*Street and Number*) 614 N Howard St. .....
5. *Full Name of Mother,* Anna E Collins, ...
6. *Mother's Maiden Name,* Anna E Brooks, ...
7. *Mother's Birthplace,* Baltimore, Md .....
8. *Full Name of Father,* Walter O Collins, ...
9. *Father's Occupation,* Superintendent of Comford Factory .....
10. *Father's Birthplace,* Darlington Co. S.C. .....

Name of Medical Attendant, or other person who makes this Return, John D L Boyd M.D. .....

Address, 662 W Lexington St. .....

Remarks, 8 9 2 0 0 0 3 5 2 6 .....

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

13675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Nov. 13th 1892
4. *Place of Birth (Street and Number),* 245 W Biddle st
5. *Full Name of Mother,* Mazie Lee Lane
6. *Mother's Maiden Name,* Virginia
7. *Mother's Birthplace,* unknown
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. W L Morgan MD

Address, 202 W Franklin St

Remarks, 1892000352 7

the date and place of birth; and the said schedule
parent of a certificate between the first and third day of
form of in case the birth of any child shall occur without
Health, said in other person be in attendance upon the
ferred, its sex, color, the full name and occupation of its pare
shall be delivered, duly signed by the practitioner in the form
each and every month to the office of the Commissioner of Health
the attendance of a physician or practitioner the duty of the pa
mother, immediately thereafter it shall become the duty of the
the Commissioner of Health, in the manner and within the period
who shall hereafter fail to comply with the provisions of this sec
for each offence, to be recovered as other fines and forfeitures ar
Baltim. e Publishing Co., City Printers and Stationers.

WHEN FILLED ROLLED 5-14-57

RETURN OF A BIRTH

43676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Aida Burke Hunter

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of~~ the white race)*
3. *Date of Birth,* Nov. 14th 1892
4. *Place of Birth, (Street and Number)* No 110 Aisquith St
5. *Full Name of Mother,* Emma C Hunter
6. *Mother's Maiden Name,* Stinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David I Hunter
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return. I. Riguray André M D

Address, 112½ E Baltimore St

Remarks,

1 8 9 2 0 0 0 3 5 2 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH. 43677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Harry Joseph Mumma

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white race

3. Date of Birth, Monday Nov 14 1898

4. Place of Birth, (Street and Number) Greenmount Ave 1028

5. Full Name of Mother, Birtie M Mumma

6. Mother's Maiden Name, Birtie M Weaver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Mumma

9. Father's Occupation Nothing

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Wootten

Address, 885. [redacted] Greenmount ave

Remarks, No remarks

1892000 3529

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th 92
4. Place of Birth, (Street and Number) 1003 Penna. ave.
5. Full Name of Mother, Mary E. Weber
6. Mother's Maiden Name, Mary E. Saffran
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles G. Weber
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Clarence K. Jumper M.D.

Address, 917 Argyle Ave.

Remarks, 1892000 3530

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 43679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Brown Skin

3. Date of Birth, November 14 1892

4. Place of Birth, (Street and Number) 603 Lanvale St City

5. Full Name of Mother, Holmes Jackson Hackburn

6. Mother's Maiden Name, Eagmon Jackson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Robert

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Emma Lane

Address, 624 Eutaw St

Remarks, 1892000353 1

Wm. J. C. Dulany Co., City Printers and Stationers.

being conferred, its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	7-
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Nov 15-92
4. *Place of Birth, (Street and Number)*	231 N Stricker
5. *Full Name of Mother,*	Maggie Finelle Poulton
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Chas Finelle
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Mass-
Name of Medical Attendent, or other person who makes this Return.	Irving Miller M.D.
Address,	207 E. Monument St-
Remarks,	

1 8 9 2 0 0 0 3 5 3 2

mouth, and shall set forth as far as the same can be ascertained the name of the child, if any, and the date and place of birth; and the name, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH A 4368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	November 15th 92.
4. *Place of Birth, (Street and Number)*	1223 N. Washington st.
5. *Full Name of Mother,*	Anetta M. Bradorff
6. *Mother's Maiden Name,*	M. M. Bivings.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. T. Bradorff
9. *Father's Occupation,*	Wood Carver
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Charles A. Heyn M.D.
Address,	1019 N. Carrollton av.
Remarks,	1892000353 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 43687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Nov 15th 1879.
4. *Place of Birth, (Street and Number)* Woodberry 326 Sycamore Ave.
5. *Full Name of Mother,* Almyra Powell.
6. *Mother's Maiden Name.* Hodges.
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Jesse Powell.
9. *Father's Occupation,* Spinner Boss Cotton Duck Mill
10. *Father's Birthplace,* Carroll Co.

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Simmons

Address, Division st 118 Balto Md.

Remarks, 1892000353 4

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 15th 92
4. *Place of Birth, (Street and Number)*	517. S. Chester st.
5. *Full Name of Mother,*	Dora Bran
6. *Mother's Maiden Name,*	Dora Pausch
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Bran
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mary Engelhart.
Address,	1726. Eastern Ave.
Remarks,	

18920003535

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-7-57

RETURN OF A BIRTH

143682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~) Ira Decoster Johnson

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~W~~ not of the white race) Colo
3. Date of Birth, Nov 3d 1892
4. Place of Birth, (Street and Number) 541 Landale N.
5. Full Name of Mother, Margaret Johnson
6. Mother's Maiden Name, White
7. Mother's Birthplace, Balto.
8. Full Name of Father, J. H. Johnson
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Pearce Kintzing M.D.

Address, 601 Franklin St

Remarks, 1892000353 6

month and shall set forth as far as the same can be ascertained the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or stupid no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 43685.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 3 1892

4. Place of Birth, (Street and Number) 2145 N. Longwood St.

5. Full Name of Mother, Jennie Gualen

6. Mother's Maiden Name, Dixon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jas. S. Gualen

9. Father's Occupation, Farmer

10. Father's Birthplace, Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, John Neff M.D. for Magruder

Address,

Remarks, 8920003537

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 14686

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Nov 6th 1892
4. *Place of Birth, (Street and Number)*	615 S. Fremont st
5. *Full Name of Mother*	Emma Leuthicum
6. *Mother's Maiden Name*	Emma Grabarz
7. *Mother's Birthplace*	Baltimore City Md
8. *Full Name of Father*	Geo. Leuthicum
9. *Father's Occupation*	Dairyman
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. J. Riley M.D.
Address	224 N. Eden st City
Remarks	

1892000035 38

As the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 43687

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov. 6, 1892

4. *Place of Birth, (Street and Number)* 1117 Milton St

5. *Full Name of Mother,* Rebecca Smith Robison

6. *Mother's Maiden Name,* Blue Ridge Mountain

7. *Mother's Birthplace,* John Smith

8. *Full Name of Father,* Teacher driver

9. *Father's Occupation* Eastern Shore Md

10. *Father's Birthplace,* Mary E Jones

Name of Medical Attendant, or other person who makes this Return, 1121 Saratoga St

Address,

Remarks, 1892000 3539

Wm. J. C. Dulany Co., City Printers and Stationers.

...ation, of its parents, the date and place of birth; and the ...full name and occupation, of the physician, midwife, or other person who has been in attendance upon the mother at the birth, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the ...been conferred, daily signed by the practitioner, the date and place of birth; and the ...said schedule shall be delivered, daily signed by the practitioner, the date and place of birth; and the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the mother, immediately of Health, in the form of a certificate between the first and ...attendance upon the mother, or should no other person be in ...child to report its birth to the Commissioner of Health, or should no other parents of such ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 17368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 7, 1892
4. *Place of Birth, (Street and Number)*	271 Penn. Ave.
5. *Full Name of Mother,*	Lizzie Wagner
6. *Mother's Maiden Name,*	Hummel
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jerry Wagner
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Garrett Co. Md.
Name of Medical Attendant, or other person who makes this Return,	C. L. Ruddumbhun
Address,	418 S. Paca st.
Remarks,	8920003540

Wm. J. C. Dulany Co., City Printers and Stationers.

A 43689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 8th 1892
4. *Place of Birth, (Street and Number)* 622 N. Fremont ave
5. *Full Name of Mother,* Georgiana Brady
6. *Mother's Maiden Name,* Boland
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edward Brady Jr
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D. Jos. McGuckian

Address,

Remarks, 8920003541

Wm J C. Dulany Co., City Printers and Stationers.

1892

Every Midwife, Physician or Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A-43690.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1892

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	November 25
4. *Place of Birth (Street and Number)*	2233 Druid Hill Avenue
5. *Full Name of Mother*	Sophia Kastner
6. *Mother's Maiden Name*	Sophia Fechter
7. *Mother's Birthplace*	New Haven, Conn
8. *Full Name of Father*	Nathan Kastner
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Austria
Name of Medical Attendant, or other Person who makes this Return.	J. N. Littell
Address	801 W. Fayette St.
Remarks	This was made out on the 17th but neglected to send

1892000003542

RETURN OF A BIRTH. A 43691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third & Fourth

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 8th 1892
4. *Place of Birth, (Street and Number)* 1713 W. Lanvale St.
5. *Full Name of Mother,* Georgie Nora Price
6. *Mother's Maiden Name,* Weyrough
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William B. Price
9. *Father's Occupation,* Confidential Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Staff M.D. 701 N. Carrollton Ave

Address,

Remarks, Twins

0 9 2 0 0 0 3 5 4 3

Wm J C. Dulany Co., City Printers and Stationers.

...een conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in case the birth of any child ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

13697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 8, 1892
4. *Place of Birth, (Street and Number)*	Hanover St.
5. *Full Name of Mother,*	~~Sarah~~ Kate Jury
6. *Mother's Maiden Name,*	~~Sarah~~ Kate Curtis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Will Jury
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	M. R. Caskey
Address,	213 E. Heath St.
Remarks,	Doing Well
	8920003544

...in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practioner of mi... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as ... ...ered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Nov. 8 1892
4. Place of Birth (Street and Number),	2202 Boston St.
5. Full Name of Mother,	Margaret Lake Vogel
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Simon Lake
9. Father's Occupation,	Draughtsman
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return.	Rob't Mansfield M.D.
Address,	129 S Broadway
Remarks,	1892 0003545

And shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1894

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED. 7-28-55

RETURN OF A BIRTH.

43694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 21 1892

Beatrice Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) thirteenth

1. Sex, (state whether male or female) white

2. Race or Color, (if not of the white race) Nov 10th 92

3. Date of Birth, 1820 Mt Auburn

4. Place of Birth, (Street and Number) Penuchie Scrimgeour Harrison

5. Full Name of Mother, " "

6. Mother's Maiden Name, Bach —

7. Mother's Birthplace, Scotland Henry Harrison

8. Full Name of Father, Merchant

9. Father's Occupation, London England

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8920003546

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person legally authorized to practice midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, #3695.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d
2. *Sex (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth* Nov 10th 1892
5. *Place of Birth, (Street and Number)* 1213 Mosher St
6. *Full Name of Mother* Kate Moore
7. *Mother's Maiden Name* Kate Kelbaugh
8. *Mother's Birthplace* Baltimore Co Md
9. *Full Name of Father* George A. Moore
10. *Father's Occupation* Painter
11. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. J. Z. Riley M.D.

Address 720 N. Carey St

Remarks Certificate

1 8 9 2 0 0 0 3 5 4 7

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 43696.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 November 1892
4. *Place of Birth, (Street and Number)*	Fort Abe Henry
5. *Full Name of Mother,*	Margaretha Tasmeier
6. *Mother's Maiden Name,*	" Mahane
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Tasmeier
9. *Father's Occupation,*	Solger
10. *Father's Birthplace,*	N. Carlein
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffer
Address,	1208 Fort Ave.
Remarks,	18920003548

month and shall set forth the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the fourth of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 th November 1892
4. *Place of Birth, (Street and Number)*	Andre St No 1457.
5. *Full Name of Mother,*	Maria Mielke
6. *Mother's Maiden Name,*	" Kinner
7. *Mother's Birthplace,*	Germanye
8. *Full Name of Father,*	Franz Mielke
9. *Father's Occupation,*	Stevedor
10. *Father's Birthplace,*	Germanye
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffer 1708
Address,	Fort Ave.
Remarks,	

8920003549

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 12, 1892.
4. Place of Birth, (Street and Number) No. 1216 Harford ave.
5. Full Name of Mother, Emma Scheer.
6. Mother's Maiden Name, Emma Conrad.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Scheer.
9. Father's Occupation, Varnisher.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell, M.D.

Address, 1211 Harford ave

Remarks,

8920003550

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall state as the case may be, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of the city, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43699

GIVEN NAME ADDED 12-10-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Francis~~ Giles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 - 1892
4. Place of Birth, (Street and Number) 1213 Edmondson Ave
5. Full Name of Mother, Frances E. Giles
6. Mother's Maiden Name, Arden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Giles
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John A. Holmes

Address, [illegible]

Remarks, 8920003551

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 th 1892
4. Place of Birth, (Street and Number) 2104 Ashland Ave
5. Full Name of Mother, Lizzie Tipps
6. Mother's Maiden Name, Gasner
7. Mother's Birthplace, Edward Tipps
8. Full Name of Father, Taylor
9. Father's Occupation Gearmaker
10. Father's Birthplace, Mary Kortis

Name of Medical Attendant, or other person who makes this Return.

Address, 203 N Washington St,

Remarks, 8920003552

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwifery, or surgery, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-29-55

A 43701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Julius Sonnemann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th November 1892
4. *Place of Birth, (Street and Number)*	Andre St 1436.
5. *Full Name of Mother,*	Anna Sonnemann
6. *Mother's Maiden Name,*	" Koetter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Rudolf Sonnemann
9. *Father's Occupation,*	Steredor
10. *Father's Birthplace,*	Germanye
Name of Medical Attendant, or other person who makes this Return.	Lizzie E Chaffee
Address,	1108 Fort ave.
Remarks,	8920003553

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 21 1892
CITY OF BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and whether born alive or dead; and if born alive, whether single, twin, triplet, or other plural birth, and whether legitimate or illegitimate, and if twin, triplet, or other plural birth, the order of birth, and if dead born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 13. 1892
4. *Place of Birth, (Street and Number)*	9 West Lafayette ave.
5. *Full Name of Mother,*	Johanna Elizabeth Aneker
6. *Mother's Maiden Name,*	" Mason
7. *Mother's Birthplace,*	" Danzig Ger.
8. *Full Name of Father,*	Walter Aneker
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Russ Ger.
Name of Medical Attendant, or other Person who makes this Return.	Alfred Marshall, M.D.
Address,	809 Cathedral st. City.
Remarks,	

1892000355 4

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 43703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14 th
4. Place of Birth, (Street and Number) 712 N. Lazaretto pl
5. Full Name of Mother, Christiana Groller
6. Mother's Maiden Name, Christiana Hecker
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Groller (deceased)
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hellgonda Schifer

Address, 641 So Paca St.

Remarks, 1-8920003555

† Dead

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the first and practitioner in the form of a certificate between the first and Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race), Colored
3. Date of Birth, Nov. 14th 1892
4. Place of Birth, (Street and Number) 2210 Boyer St
5. Full Name of Mother, Florence Ross Thompson
6. Mother's Maiden Name, " Kent County Md
7. Mother's Birthplace, Kent County Md
8. Full Name of Father, David Ross
9. Father's Occupation, Laborer
10. Father's Birthplace, Kent County Md

Name of Medical Attendant, or other person who makes this Return, Susan P Harper

Address, 123 N Durham St

Remarks, 8920003556

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, 15 November 1892
4. Place of Birth (Street and Number), Bell 248 Bower Court
5. Full Name of Mother, Laura Page
6. Mother's Maiden Name, Laura Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Louis Page
9. Father's Occupation, Laborer
10. Father's Birthplace, Laurel Prince, Georges Co. Md

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwood

Address, No 015 Wagon Alley

Remarks, 8920003557

HEALTH DEPARTMENT NOV 21 1892

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 43706.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	15 November 1882
4. *Place of Birth (Street and Number)*	815 Dean St.
5. *Full Name of Mother*	Minnie B. Williams
6. *Mother's Maiden Name*	Minnie B Wilson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Nelson Mc. Williams
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	N. W. Lattell
Address	801 W. Fayette St.
Remarks	

1892 0003558

CERTIFICATE CORRECTED 6-17-57.

RETURN OF A BIRTH.

43707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anna Catherine Irene Schmidt Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st, 1892.
4. Place of Birth, (Street and Number) Goldsmith's Lane n/s. Harford road.
5. Full Name of Mother, ~~Catherine Smith~~ Martha Schmidt
6. Mother's Maiden Name, ~~Catherine~~ Landau, Martha
7. Mother's Birthplace, Germany.
8. Full Name of Father, Adam ~~Smith~~. Schmidt
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell, Ph. D.,

Address, 1341 Harford ave

Remarks,

8920003559

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of the City, or should no other parents of such shall occur without the attendance of a physician or practitioner at the birth of any child within the period above required, and attendance upon its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be child to report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* Nov 15 1892
4. *Place of Birth, (Street and Number)* 608 N Biddle St
5. *Full Name of Mother,* Mary Hawkins
6. *Mother's Maiden Name,* Mary Butler
7. *Mother's Birthplace,* Charles County Md
8. *Full Name of Father,* Robert Hawkins N
9. *Father's Occupation,* Coven
10. *Father's Birthplace,* Charles county Md

Name of Medical Attendant, or other person who makes this Return, Selected

Address, 444 Bradley St

Remarks, 8920003560

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 21 1892
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Nov. 16/92
4. *Place of Birth, (Street and Number)*	2432 E. Baed
5. *Full Name of Mother,*	Catharine Christ-
6. *Mother's Maiden Name,*	" Leinbach
7. *Mother's Birthplace,*	B. C.
8. *Full Name of Father,*	John G. Christ
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wiltens
Address,	2262 Broadway
Remarks,	8920003561

WM. J. C. SULLANY CO. CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name, color, sex, and date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the ... of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16, 1892
4. Place of Birth, (Street and Number) No. 1400 E. Northave.
5. Full Name of Mother, Belle Phillips
6. Mother's Maiden Name, Belle Dorsey.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Thomas S. Phillips
9. Father's Occupation, Paver.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell, M.D.

Address, 1241 Harford ave

Remarks,

6 9 2 0 0 0 3 5 6 2

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of ... its, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner ... form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

4371.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE NOV 21 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Females.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, November 16th 1892.
4. Place of Birth, (Street and Number) #1007 N Chapel st
5. Full Name of Mother, Mrs. Caroline Johnson
6. Mother's Maiden Name, Mrs. Caroline Young.
7. Mother's Birthplace, Kent County.
8. Full Name of Father, William Johnson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Hattie Howard.

Address, #1013 N Chapel st

Remarks, 18920003563

Wm J C. Dulany Co., City Printers and Stationers.

...mation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter, in the manner ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	Nov 16th
4.	*Place of Birth, (Street and Number)*	1112 Cathedral
5.	*Full Name of Mother,*	Rosa Williams
6.	*Mother's Maiden Name,*	..... Bennet
7.	*Mother's Birthplace,*	Balto city
8.	*Full Name of Father,*	Joshua Williams
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	~~Balto city~~ Balto city
	Name of Medical Attendant, or other person who makes this Return,	Mrs Annie Johnson
	Address,	704 Tyson st
	Remarks,	18920003564

1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov. 16, 1892

4. *Place of Birth, (Street and Number)* 1707 Pierce St

5. *Full Name of Mother,* Maggie Parker Smith

6. *Mother's Maiden Name,* Coates

7. *Mother's Birthplace,* John Parker

8. *Full Name of Father,* Labron

9. *Father's Occupation* City

10. *Father's Birthplace,* Shady Grove

Name of Medical Attendant, or other person who makes this Return, 1121 Saratoga St

Address,

Remarks, 1892000 3565

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its baptism, if any, and the name of the clergyman who performed the ceremony. A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 43714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* 16 Nov
4. *Place of Birth, (Street and Number)* 300 Louis street
5. *Full Name of Mother,* Louisa Mackey
6. *Mother's Maiden Name,* Louisa Grunt
7. *Mother's Birthplace,* trappe talbot co md
8. *Full Name of Father,* Charles Mackey
9. *Father's Occupation,* Waiting
10. *Father's Birthplace,* trappe Talbot co md

Name of Medical Attendant, or other person who makes this Return, Carline Patterson

Address, 401 Louis Street

Remarks, dogging Well

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WM J O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

H3710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d,* 3*d*, *&c.*~~)

1. *Sex,* (~~*state whether male or* female~~)
2. *Race or color,* (~~*if not of the* white *race*~~)
3. *Date of Birth,* Nov. 17th 1892
4. *Place of Birth,* (*Street and Number*) 911 Park ave
5. *Full Name of Mother,* Nettie Brown
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Thos. Brown
9. *Father's Occupation,* Grocer Store
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Parker M.D.

Address, 21 East Preston St

Remarks,

8 9 2 0 0 0 3 5 6 7

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT CITY OF BALTIMORE NOV 21 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 18 1892

4. Place of Birth, (Street and Number) No 7 Liberty st Waverly Ave

5. Full Name of Mother, Kate Donavon

6. Mother's Maiden Name, — Billings

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Donavon

9. Father's Occupation, Pattern Maker

10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return. H. Young Westbrook, M.D.

Address, 237 Fosuch Avenue

Remarks, 8920003568

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* 18 Nov 1892
4. *Place of Birth, (Street and Number)* 511 N Washington St Balto. Md.
5. *Full Name of Mother,* Mrs. Margaret Loos
6. *Mother's Maiden Name,* Margaret Gau.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Loos
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. B.F. Leonard MD.

Address, 125 Jackson Square

Remarks, 8920003569

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ineel the full name of each child, (if any shall have ... of its parents, the date and place of birth; and the ...ber in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...oner or ...idwifery, or should no other person be in ...ll become the duty of the person or parents of such ...e required, and ...ly with the provisions of this section shall be sub- ...overed ... other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th Mar 1892.
4. *Place of Birth, (Street and Number)* 427 A Eutaw St.
5. *Full Name of Mother,* Mary Leffler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lewis Leffler
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Roth

Address, 205 N Washington St

Remarks, 1892 0003570

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

43719.

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

l of Mother, (state whether 1st, 2d, 3d, &c.) Fifteenth

te whether male or female) Male

Color, (if not of the white race) White

Birth, Number 152

Birth, (Street and Number) Baltimore n.w. cor. Carroll st

me of Mother, Mary Lund

Maiden Name, Saint mary's County

Birthplace, Joseph Calvert

me of Father, Stone cutter

Occupation, Baltimore

Birthplace, Med. Dept. U. Maryland

Medical Attendant, or other person who makes this Return. No. 206 N. Pratt st

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STATIONERS.

RETURN OF A BIRTH A 43720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 12 1892 Homestead
4. Place of Birth, (Street and Number) 203 Jackson st
5. Full Name of Mother, Martha E. Erdman.
6. Mother's Maiden Name, Gillie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick G Erdman
9. Father's Occupation, Carriage trimmer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H. Young Tilbach, M.D.

Address, 237 Gilsey Avenue

Remarks, 1892000357 2

child to report the birth to the Commissioner of Health, and within the period above required, and any such Person, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

E. J. C. GILLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 43731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 14th 1892
4. *Place of Birth, (Street and Number)* 1738 Linden Avenue
5. *Full Name of Mother,* Fanny Fitzpatrick
6. *Mother's Maiden Name,* Gooden
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Frank Fitzpatrick
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Miss Jack Louisville Ky

Name of Medical Attendant, or other person who makes this Return. John Morris M.D.

Address, 118 E. Franklin St.

Remarks,

1892000357 3

The above return must be the same can be given, the full name of each child, if any shall month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GELAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 14th 1892
4. *Place of Birth, (Street and Number)*	No 1036 Riverside Ave
5. *Full Name of Mother,*	Gertrude O'neal
6. *Mother's Maiden Name,*	Gertrude Bosley
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John O'Neal
9. *Father's Occupation,*	Soldier
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hinton
Address,	No 1422 Hanover St
Remarks,	8920003574

WM. J. C. BULARY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43773.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	15th of November 1892
4. *Place of Birth, (Street and Number)*	Baltimore; Patterson Lane 3 doors from Lane
5. *Full Name of Mother,*	Georgie annie Louis Moore
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Thomas Louise Barker
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation,*	Midwife; Elsie Foster
10. *Father's Birthplace.*	Elsie Foster 1600 Winston ave
Name of Medical Attendant, or other Person who makes this Return	very good
Address,	
Remarks,	8920003575

HEALTH DEPARTMENT CITY OF BALTIMORE

...W & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Third [illegible] 1892
4.	*Place of Birth, (Street and Number)*	1420 Eutaw Bet. St.
5.	*Full Name of Mother,*	Carolina Findersen
6.	*Mother's Maiden Name,*	Magdelina Pinks
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Ernst Findersen
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Christina Lober
	Address,	1532 Harford Ave.
	Remarks,	Balto. Md.

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WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43725.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
(state whether Male or Female)	male
Race or Color (if not of the white race)	Colored
Date of Birth	16th
Place of Birth (Street and Number)	No 228 Stanover Street
Full Name of Mother	Laura Barney
Mother's Maiden Name	Laura Morison
Mother's Birthplace	Baltimore
Full Name of Father	John H. Barney
Father's Occupation	Laborer
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this return	Charity Boulden
Address	E. O. Stockton Street
Remarks	Well

8920003577

...GLANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#3728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 17th
4. *Place of Birth, (Street and Number)*	No 921 N Mulberry St
5. *Full Name of Mother,*	Lillie W Rochester
6. *Mother's Maiden Name,*	Lillie Winder Goldsborough
7. *Mother's Birthplace,*	Centreville, Queen Annes Co Md.
8. *Full Name of Father,*	Frank A. Rochester
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Church Hill Queen Anne Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm D White
Address,	
Remarks,	

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Under whose charge or supervision a child is born, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter such physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Nov 1892
1892

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November Thursday 17th 1892
4. *Place of Birth, (Street and Number)* Baltimore, Madison Alley
5. *Full Name of Mother,* Julia Wessell
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* William Brice
8. *Full Name of Father,* Lizloring Bock
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Jane West

Name of Medical Attendant, or other person who makes this Return. 804 Sterling Street

Address,

Remarks, 8920003579

The following blanks are to be filled in by the Registrar.

District No. ____ Ward ____

Registered No. ____

Certificate issued ____

Health. The following blanks are to be filled in by the Registrar. The following blanks are to be filled in by the Registrar. The following blanks are to be filled in by the Registrar

RETURN OF A BIRTH.

A 43728

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 17th, 1892.
4. Place of Birth (Street and Number)	# 1401 Bank St.
5. Full Name of Mother	Bertha Amalia Strecker Sachtleben
6. Mother's Maiden Name	"
7. Mother's Birthplace	City
8. Full Name of Father	Gustav Groth Strecker
9. Father's Occupation	Druggist
10. Father's Birthplace	Richmond, Va.
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	# 1709 Alice Anne St
Remarks	18920003580

RETURN OF A BIRTH. 43729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race.
3.	*Date of Birth,*	Nov. 12/92.
4.	*Place of Birth, (Street and Number)*	No 42 Heath St.
5.	*Full Name of Mother,*	Mary Bush Clarty.
6.	*Mother's Maiden Name,*	" Clarty.
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	John Bush.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jeems.
	Address,	1108 S. Charles St.
	Remarks,	Yours Respectfully.

1 8 9 2 0 0 0 3 5 8 1

NOV 21 1892

HEALTH DEPARTMENT BALTIMORE

Every birth, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have died without a name, that fact shall be stated.) its sex, color, and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation in the form of a certificate the birth of any child been conferred) its sex, colored, duly signed by the practitioner of midwifery, or attendant, and the said schedule each and every attendance of a physician or practitioner it shall become the third day of each month to the office of the Commissioner of Health. In case no other person or parents of such shall occur without the mother, immediately after the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be child to report its birth to the Commissioner after fail to comply with the provisions of this section shall be any such person or persons who shall hereafter offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

1/3730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Nov 17/92.
4.	*Place of Birth, (Street and Number)*	No 103 James Alley
5.	*Full Name of Mother,*	Mary Schelhouse
6.	*Mother's Maiden Name,*	Gaida
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	William Schelhouse
9.	*Father's Occupation,*	Saloon.
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jeans.
	Address,	No 16 S. Charles St.
	Remarks,	Yours Respectfully,

1892 000382

HEALTH DEPARTMENT CITY OF BALTIMORE NOV 21 1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 18 97

4. Place of Birth, (Street and Number) 202 N. Chester St.

5. Full Name of Mother, Mrs. Caroline Elizabeth Albert Lynch

6. Mother's Maiden Name, Mrs. " Butt. Md.

7. Mother's Birthplace, Henry Bernard Lynch

8. Full Name of Father, Ship-Joiner

9. Father's Occupation, Balt. Md.

10. Father's Birthplace, E. E. Lynch Bn. St.

Name of Medical Attendant, or other person who makes this Return, Lloyd E. Butt. St.

Address, Natural Delivery

Remarks, 1892000 3583

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME ADDED 12/20/60

Name: Thomas Eaton Kinnear

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		4
1. Sex, (state whether male or female)		Male
2. Race or Color, (if not of the white race)		White
3. Date of Birth,		Nov 18th 1892
4. Place of Birth, (Street and Number)		1502 Jefferson Street
5. Full Name of Mother,		Mary L Kinnear
6. Mother's Maiden Name,		Mary L Monks.
7. Mother's Birthplace,		Harford Co. Md.
8. Full Name of Father,		Thos. E. Kinnear
9. Father's Occupation,		Clerk.
10. Father's Birthplace,		Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,		Mrs. Mary Walters.
Address,		# 428 N. Bond Street
Remarks,		1892000358 4

The full name and place of birth; and the full name and occupation of the father of the first child born alive of any mother, shall be registered by the Commissioner of Health, in the city of Baltimore, within the first month after the birth, and a certificate thereof shall be delivered, duly signed, to the physician or practitioner in attendance, or to the person who shall report the birth to the Commissioner of Health, as hereinafter provided; and a certificate shall be delivered every month to the physician or practitioner in attendance immediately after the birth of any child born alive thereafter, in the city of Baltimore, until the proper return of such birth shall be made to the Commissioner of Health, as hereinafter provided. In case no other person or persons required, and within the time, by this section, to report the birth of any child, or should no other person report the same within the period above required, such physician or practitioner shall be subject to the penalties and forfeitures of this section, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-7-59

RETURN OF A BIRTH.

43733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Ruth England

No. of Child of Mother, (state whether 1st, 2d 3d, &c.) 3.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Nov. 8/92.
4. Place of Birth, (Street and Number) No 4 Barney St.
5. Full Name of Mother, Hettie England
6. Mother's Maiden Name, H Helm.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John England
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Annie Jenno

Address, 1000 S. Charles St.

Remarks, Yours Respectfully

1892 000 585

HEALTH DEPARTMENT NOV 21 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. H. 7.34.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	19 of November 1892
4. *Place of Birth, (Street and Number)*	219 Montgomery St
5. *Full Name of Mother,*	Annie Bell
6. *Mother's Maiden Name,*	Argue Nichols
7. *Mother's Birthplace,*	Cambridge
8. *Full Name of Father,*	Nathan Bell
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mary Jane Richardson
Address,	315 King Street
Remarks,	Mother and child is well as expected

8920003586

Health. This section shall apply to [illegible] obtained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person [illegible] commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-2-56

RETURN OF A BIRTH

43733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Elizabeth Wolker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 19 1892
4. Place of Birth, (Street and Number) 115 Gorsuch Avenue
5. Full Name of Mother, Elizabeth Wolker
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Wolker
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, H. Young, Westbrook, M. D.

Address, 237 Gorsuch Avenue

Remarks, 1892000 3587

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

43736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sat November 19th 1892
4. Place of Birth, (Street and Number) 831 N Lombard Str
5. Full Name of Mother, Elizabeth Beyer
6. Mother's Maiden Name, Eliz. Henning
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Beyer
9. Father's Occupation, Commercial Traveler
10. Father's Birthplace, Olney, Ridgeland Co. Ill.

Name of Medical Attendant, or other Person who makes this Return John C. Hemmeter

Address, 637 Lombard Str. West.

Remarks,

1892 0003588

NOV 22 1892

Stoner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 19, 1892.
4. Place of Birth, (Street and Number) No 1 Harrison St, Homestead
5. Full Name of Mother, Ida Unverzagt.
6. Mother's Maiden Name, Ida Colliver
7. Mother's Birthplace, Maryland
8. Full Name of Father, Augustus Unverzagt.
9. Father's Occupation, Fireman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Reg. A. Elwell, M.D.

Address, 1241 Harford ave

Remarks, 8920003589

HEALTH DEPARTMENT NOV 21 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Name Ethel Corinne Caulk

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, Nov. 20th 1892.
4. Place of Birth, (Street and Number) No 1153 E Baltimore St
5. Full Name of Mother, Lula Hurley
6. Mother's Maiden Name, Caulk
7. Mother's Birthplace, London, England.
8. Full Name of Father, Charles H Caulk,
9. Father's Occupation, Policeman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. Ridgeway André M.D.

Address, 1128 E Baltimore St

Remarks,

1892000 3590

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 20th 92
4. *Place of Birth, (Street and Number)*	1529 N Stricker
5. *Full Name of Mother,*	Mary Buchinger
6. *Mother's Maiden Name,*	Price
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Buchinger
9. *Father's Occupation,*	Shoe Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Norris M.D
Address,	1501 Pinkman
Remarks,	18920003591

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred( ) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether ~~male~~ or female) .....
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 20 "
4. Place of Birth, (Street and Number) 548 Baker st
5. Full Name of Mother, Betty A. Cole
6. Mother's Maiden Name, " " Banks
7. Mother's Birthplace, Giles Co Va
8. Full Name of Father, Geo H. Cole
9. Father's Occupation, Waiter
10. Father's Birthplace, Montgomery Co Md.

Name of Medical Attendant, or other person who makes this Return. Dr Wm S. Huck

Address, #649 N. Lafayette Ave

Remarks, 1892000359 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births ... have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained ... the full name of each child (if any shall have been conferred), its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner ... in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & Children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, Sunday Nov 26

4. Place of Birth, (Street and Number) Jefferson St 1418

5. Full Name of Mother, Laura Johnson

6. Mother's Maiden Name, Laura Anderson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Elijah Johnson

9. Father's Occupation Labor

10. Father's Birthplace, Hartford County

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 401 E Lexington St

Remarks, Doing well

1892000359 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained, the name of each child born alive, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 73742.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or color,* (~~*if not of*~~ *the white race*)
3. *Date of Birth,* 11.20.92
4. *Place of Birth,* (*Street and Number*) 770 W. Lexington St
5. *Full Name of Mother,* Mary Catherine Litig
6. *Mother's Maiden Name,* Reisinger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Ludwig Litig
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr. M. Eastman

Address, 772 Lexington

Remarks, Natural labor

1 8 9 2 0 0 0 3 5 9 4

HEALTH DEPARTMENT CITY OF BALTIMORE NOV 21 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-8-54

RETURN OF A BIRTH.

H3743.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Louise Marie MacLellan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 21st 1892

4. Place of Birth (Street and Number) 1725 W. Franklin St.

5. Full Name of Mother Mary L. MacLellan.

6. Mother's Maiden Name " " Stober

7. Mother's Birthplace Cumberland, Md.

8. Full Name of Father Charles H. MacLellan

9. Father's Occupation Bookkeeper

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Charles Gelb, 312 N. Carey St.

Address

Remarks

1892000 3595

advise at the bith of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or living, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21 st 1892
4. Place of Birth, (Street and Number) 634 S. Fremont Ave
5. Full Name of Mother, Annie Mary Elisabeth Herget Schmidt
6. Mother's Maiden Name, Annie M E Herget
7. Mother's Birthplace, Germany
8. Full Name of Father, George Jo Schmidt
9. Father's Occupation, Shoemaker
10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this return, A M Bell M D

Address, 1031 Cathedral St

Remarks, Normal.

8920003596

WM J C BULANY OD CITY PRINTERS AND STATIONERS.

43745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	22. Nov. 1892
4. *Place of Birth, (Street and Number)*	295 Carlton St
5. *Full Name of Mother,*	Priela Baker
6. *Mother's Maiden Name,*	Howard
7. *Mother's Birthplace,*	Howard Co. Md
8. *Full Name of Father,*	Richard Baker
9. *Father's Occupation*	driver wagon
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	Mary E Bowes
Address,	1121 Saratoga St
Remarks,	18920003597

Wm. J. C. Dulany Co., City Printers and Stationers.

1892.

...ascertained the full name of each child, if any shall have ...the same can be ascertained; the date and place of birth; and the ...month, and shall set forth as far as the same can be ascertained ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the birth to the Commissioner of Health, in the ...child to report its birth to the Commissioner, or fail to comply ...any such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars for each offence, to be recovered ...

RETURN OF A BIRTH. A 43746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, December 22nd 1892.

4. Place of Birth, (Street and Number) 2 Hull st

5. Full Name of Mother, Mrs. Mary White

6. Mother's Maiden Name, " Epps.

7. Mother's Birthplace, Harford County.

8. Full Name of Father, Mr. Henry White

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Adeulia Howard.

Address, #1013 N. Chapel st

Remarks, 1892 0003598

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 11 29 [illegible]
4. Place of Birth, (Street and Number) west Fayette st 117
5. Full Name of Mother, Mary Lizzy Bailey
6. Mother's Maiden Name, Mary Lizzy Lancaster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Turner Lancaster
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Conrad Jane Wilson

Address, No 115 west Fayette st

Remarks, 6 months

1892 0003599

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22 1892
4. *Place of Birth, (Street and Number)* 705 N Carey St.
5. *Full Name of Mother,* Blanche C. Maas
6. *Mother's Maiden Name,* Blanche C. George.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis P Maas.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Robt. T. Wilson

Address, 820 Park ave

Remarks, 1 8 9 2 0 0 0 3 6 0 0

month, and shall set forth as far as the same can be ascertained, the name of each child born alive and the date and place of birth; and the name and occupation of its parents, the full name and occupation of the physician or midwife in attendance upon the birth, and the date of the certificate. Every physician or midwife who shall have been in attendance upon the birth of any child, or who shall be called upon to attend the mother of any child, shall, within ten days after the birth of such child, make a certificate setting forth the date and place of birth; and the name, sex, color, the full name and occupation of the parents of such child, and the number of children born to the mother, and the number of such children living, which certificate shall be delivered, duly signed by the practitioner in attendance, to the person required by this section to report the birth of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder in the house where the birth occurs, or the person having charge of the mother at the time of the birth, shall report the birth to the Commissioner of Health, within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable with other fines and forfeitures are recoverable

RETURN OF A BIRTH. 43749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 4th 1892
4. *Place of Birth, (Street and Number)* Baltimore 1031 S Eutaw St
5. *Full Name of Mother,* Mary Henson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Henry Henson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert County Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Stooper

Address, No 407 W Hamburg St

Remarks, 1892000360 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male - Aaron Morris Swartz
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7th 1892
4. Place of Birth, (Street and Number) 16 N. Pratt St
5. Full Name of Mother, Mary Swartz
6. Mother's Maiden Name, Mary Mautner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Swartz
9. Father's Occupation, Shoe Store
10. Father's Birthplace, Hungarian

Name of Medical Attendant, or other person who makes this Return, Lena Bacher

Address, 46 E. York St

Remarks, Full name of child added by Vonle.

1892000076 02

a Lash Witness

R. E. Helm - Reg.

May 15-1934.

month, and shall set forth as far as the same can be ascertained the full name, age, color, and place of birth of each child born alive, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NOV 23 1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7 of November 1892
4. Place of Birth, (Street and Number) 906 Harmony Lane Balto
5. Full Name of Mother,
6. Mother's Maiden Name, Rodie Hairs
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Porlet
9. Father's Occupation, ouster holster
10. Father's Birthplace, West India

Name of Medical Attendant, or other person who makes this Return. Hairston Hurt Asst

Address, 9039 Harmony Lane Balto

Remarks,

Child Died 8 or 9 2 0 0 9 3 6 0 3 Nov 1892

Died With Spasms.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

e ascertained, the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained, the full name and occupation of parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 43702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 8th 1892
4. *Place of Birth, (Street and Number)* 617 N. Spring St
5. *Full Name of Mother,* Charlotta R. Giles
6. *Mother's Maiden Name,* Jackson
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Stephen Giles
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who make this Return Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks, 1892000 3604

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4376.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Nov 10th 1892,
4. Place of Birth (Street and Number)	1802 Harford Ave,
5. Full Name of Mother	Elizabeth B. Ulrich,
6. Mother's Maiden Name	Elizabeth B. Zimmerden,
7. Mother's Birthplace	Balto City
8. Full Name of Father	Geo. J. Ulrich,
9. Father's Occupation	Barber,
10. Father's Birthplace	Balto City,
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Fuchs M.D.
Address	920 E Broadway
Remarks	

8920003605

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or living, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892 No. 2551

RETURN OF A BIRTH

A 43754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, Nov 10th 1892
4. Place of Birth, (Street and Number) 949 W. Lombard St.
5. Full Name of Mother, Maggie Echle
6. Mother's Maiden Name, Hakey
7. Mother's Birthplace, "
8. Full Name of Father, Ireland
9. Father's Occupation, Adam F. Echle
10. Father's Birthplace, Rectifier of Spirits (Alcoholic)
Name of Medical Attendant, or other person who makes this Return. (Cumberland Md)
Address, H. L. Stocum M.D.
Remarks, 949 W. Lombard St.

8920003606

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner in attendance upon the birth, or in the absence of such physician or practitioner, by the father or mother of the child, to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) it's sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner duly registered, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43755.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 November 1892
4. *Place of Birth, (Street and Number)* 525 S. Louis St.
5. *Full Name of Mother,* Lizzie Solomon
6. *Mother's Maiden Name,* Fisher
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Solomon
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Schwaab

Address, 1 Amarle St

Remarks, † 8920003607

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

43756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 11th 1892.
4. *Place of Birth, (Street and Number)* 16 West Pratt st
5. *Full Name of Mother,* Rosie Gross
6. *Mother's Maiden Name,* Rosie Propper
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Benjamin Gross
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Lena Barber

Address, 46 East York St.

Remarks, 1892000360 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 Nov 1892
4. Place of Birth, (Street and Number) 216 Harrison
5. Full Name of Mother, Annie Goldenberg
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Willie Goldenberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Felsenau

Address,

Remarks, 8920003609

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 43158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Nov - 1932
4. Place of Birth, (Street and Number) 308 S. High St
5. Full Name of Mother, Ida Hendon
6. Mother's Maiden Name, Barenbushe
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Hendon
9. Father's Occupation Cigar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Peterman

Address, 42 Albemarle St.

Remarks, 8 9 2 0 0 0 3 6 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child, to any one who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter if shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1932

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43759.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14
4. Place of Birth, (Street and Number) Pratt st 848
5. Full Name of Mother, Doza Hecker.
6. Mother's Maiden Name, Doza Berman
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Hecker.
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, A Feldman

Address, 1073 E lombard st

Remarks, 8920003611

Wm J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-14-57 43760.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jerome Sommerfeld 2nd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 14th 1892
4. Place of Birth, (Street and Number) 626 N. Chester St
5. Full Name of Mother, Jiney Greenwood Sommerfeld Sommerfeld
6. Mother's Maiden Name, Greenwood
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Isidore Sommerfeld Sommerfeld
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Lancaster Co. Pa.

Name of Medical Attendant, or other person who makes this Return, Francis A. Faunhalt

Address, 439 N. Central Ave.

Remarks, 8920003612

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, (if any shall have ...occupation of its parents, the date and place of birth; and the ...been conferred,) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the physician or ...third day of each and every month to the office of the Commissioner of Health, or should no other person be in ...shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ...attendance upon the mother. In case the birth of any child ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 16 1892
4. *Place of Birth, (Street and Number)* Baltimore 521 Brook St
5. *Full Name of Mother,* Cinthia Major
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County Va.
8. *Full Name of Father,* Alan Major
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Accomac County Va.

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, 407 W. Hamburg St

Remarks, 8920003613

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or the person or parents of such shall occur without the attendance of a physician it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the time specified. In case the birth of any child should occur without the attendance of a physician or midwife, the Commissioner of Health, in the event of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 18 th
4. *Place of Birth, (Street and Number)*	705 South Bethel st
5. *Full Name of Mother,*	Sara Lewis
6. *Mother's Maiden Name,*	Sara Harman
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Lewis
9. *Father's Occupation*	Boilermaker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mary Engelhart
Address,	1726 Eastern Ave
Remarks,	8920003614

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 19th 92

4. Place of Birth, (Street and Number) 1027 Goodman alley

5. Full Name of Mother, Lizzie J. Klengler

6. Mother's Maiden Name, " Derchenbein

7. Mother's Birthplace, Balto City

8. Full Name of Father, George Klengler

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. John C Roth

Address,

Remarks, 8920003615

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the person in charge of the case, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of practitioners in midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner in midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BELANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-28-58

RETURN OF A BIRTH

43764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Pearl Myer

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth 9th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Nov 20th 1892
5. *Place of Birth, (Street and Number)* 2029 Orleans Ave
6. *Full Name of Mother,* Ida P Myer
7. *Mother's Maiden Name,* " Collison
8. *Mother's Birthplace,* Pgh Co Md
9. *Full Name of Father,* John Henry Myer
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Germany
12. *Name of Medical Attendant,* or other person who makes this Return. John C Ford
13. *Address,* 1009 Lig Pt St
14. *Remarks,* Stillborn (Embolism)

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the name (if any) conferred) its sex, color, the full name and occupation of the physician or midwife (if any) present at the birth, and the certificate between the first and been delivered, duly signed by the practitioner in the form above given. In case the birth of any child said schedule shall be delivered at the office of the Commissioner of Health by the person or parents of such third day of each and every month to the physician or practitioner of midwife (if any) present at the birth, or should no other person be in shall occur without the attendance of a physician or midwife, then by the person in charge of the premises on the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the premises on the period above required, and child to report its birth to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of this section shall be sub-ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

~~GIVEN NAME ADDED~~ 10-21-65

RETURN OF A BIRTH.

1536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William C. Knight

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2d)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 20, 1892
4. Place of Birth, (Street and Number) No. 1813 Jefferson Street
5. Full Name of Mother, Mrs. Caroline Knight
6. Mother's Maiden Name, Miss Caroline Keyhe
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. William C. Knight
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 201 North Broadway

Remarks, 18920003617

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...health. This section shall not be construed as requiring the name of each child (if any shall have been conferred) to be ascertained the same can be ascertained the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4/3766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 21st 92.
4. *Place of Birth, (Street and Number)*	730. South Bond st.
5. *Full Name of Mother,*	Emma Tolson
6. *Mother's Maiden Name,*	Emma Tragor
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Tragor
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Engelhart.
Address,	1726. Eastern Ave.
Remarks,	8920003618

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Walter Banks, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 22 1892
4. Place of Birth, (Street and Number) 104 S. Stockton
5. Full Name of Mother, Mamie Missouri
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Md.
8. Full Name of Father, Josh Banks
9. Father's Occupation, Shoe Salesman
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return. Joseph O. Saunders M.D.

Address, 1935 W. Fayette

Remarks, L. O. L. A.

8920003619

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 1/3768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 22nd 92.
4. *Place of Birth, (Street and Number)*	508 South Duncan Alley
5. *Full Name of Mother,*	Lizza Iragor
6. *Mother's Maiden Name,*	Lizza Tolson
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Andrew Iragor
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mary Engelhard
Address,	1710 Eastern Ave.
Remarks,	8920003620

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13059

1. *Name of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Margaret L. Wehner
2. *Sex,* (state whether male or female) [redacted] Female
3. *Race or Color,* (if not of the white race)
4. *Date of Birth,* Nov 22d 1892
5. *Place of Birth,* (Street and Number) 209 Hare St
6. *Full Name of Mother,* Sophie E. Wehner (Ackermann) Ackermann
7. *Mother's Maiden Name,* Balto Md
8. *Mother's Birthplace,* Alphonso J. Wehner
9. *Full Name of Father,* Tailor
10. *Father's Occupation* Balto Md
11. *Father's Birthplace,* Hannah Meeke
12. *Name of Medical Attendant,* or other person who makes this Return, Canton Balto Md.
13. *Address,* 807 Hare St
14. *Remarks,*

8 9 2 0 0 0 3 6 2 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 43770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d — Gilbert Middleton M.D. 3/18/12
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 23d 92
4. Place of Birth, (Street and Number)	2420 N. Calvert St
5. Full Name of Mother,	Lizzie L. Edwards
6. Mother's Maiden Name,	Cochran
7. Mother's Birthplace,	"New" York City
8. Full Name of Father,	Wm L. Edwards
9. Father's Occupation,	Manufacturers Agent
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	610 N. Howard St.
Remarks,	

6920003622

Health. This schedule shall contain a record of the name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child in said schedule shall be delivered, duly signed by the practitioner or midwifery, or the person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in charge, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1 November 1892.

4. *Place of Birth, (Street and Number)* No. Henry Street 3.

5. *Full Name of Mother,* Mary Hall

6. *Mother's Maiden Name,* Mary Mc. Caffrey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Hall

9. *Father's Occupation* Coachman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E. Shea

Address, No. Henry Street

Remarks, 1892000 3623

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 1st.
4. *Place of Birth, (Street and Number)* 738 "Lafayette ave
5. *Full Name of Mother,* Augusta Brandwein
6. *Mother's Maiden Name,* " " Levitt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Lee Brandwein
9. *Father's Occupation,* Laborer for attractions Co
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, M. J. Lennon

Address, 332 S. Arlington ave.

Remarks, Stillborn child

8 9 2 0 0 0 3 6 2 4

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offense, to

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RETURN OF A BIRTH A 43773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Nov 2 92
4. Place of Birth, (Street and Number) 526 Lawrence St
5. Full Name of Mother, Anna A Pinkney
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Virginia
8. Full Name of Father, Jos J Pinkney
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A A Keene MD

Address, 1520 Druid Hill Ave

Remarks, 1 8 9 2 0 0 0 3 6 2 5

Rules. The full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2 1892
4. *Place of Birth, (Street and Number)* 344 S. Bradford St
5. *Full Name of Mother,* Rose Rahmus Langfelder
6. *Mother's Maiden Name,* Lemann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gerard Rahmus
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M J Lemann

Address, 937 Hanover St

Remarks, Living child (1) March

1 8 9 2 0 0 0 3 6 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 43775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 3rd 92
4. *Place of Birth, (Street and Number)* 104 N. Amity St
5. *Full Name of Mother,* Bertha Brigman
6. *Mother's Maiden Name,* Banker
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Fredrick Banker
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Keller

Address, 1605 Walker St.

Remarks, 1 8 9 2 0 0 0 3 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Certificate shall contain as far as the same can be ascertained the following particulars, viz: the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the month, and shall set forth as far as the same can be ascertained the first and last names of its parents, the date and place of birth and the occupation of its parents. In case the birth of any child shall be delivered of a certificate between the first and third day of each month to the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health. In case the other person be in attendance upon the mother, Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, of the person above required, and child to report its birth to the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no or parents of such any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 3 '92
4. *Place of Birth, (Street and Number)* 607 N. Bethel St
5. *Full Name of Mother,* Rose Isenberg
6. *Mother's Maiden Name,* Levyer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Peter Isenberg
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

1892000036 28

Sun. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a true copy of the entry of the birth of each child, if any shall have been entered, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the youngest
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	November 5 1892
4. *Place of Birth, (Street and Number)*	1163 Sassafras Street
5. *Full Name of Mother,*	Catarine Twele
6. *Mother's Maiden Name,*	C. Herrman
7. *Mother's Birthplace,*	Saxone Germany
8. *Full Name of Father,*	August Twele
9. *Father's Occupation*	Tobacco worker
10. *Father's Birthplace,*	Stadtoldendorf. Braunschweig Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Barnes
Address,	1112 N. St
Remarks,	1892000362 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5-92
4. Place of Birth, (Street and Number) 420 Robert-st
5. Full Name of Mother, Ida Woodall
6. Mother's Maiden Name, Powers
7. Mother's Birthplace, Virginia
8. Full Name of Father, Jas. H. Woodall
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. Adams MD

Address, 520 Dennison Ave

Remarks, 8920003630

Health. This schedule shall contain a true statement of the number of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained by the practitioner in the form of a certificate the birth of any child said schedule each and every month to the office of the Commissioner of midwifery, or should no other person be in third day of each without the attendance of a physician or practitioner it shall become and within the period above required, and shall occur without the mother, immediately of Health, in the manner the provisions of this section shall be sub- attendance upon birth to the Commissioner fail to comply with child to report its any such person or persons who shall hereafter to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense,

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RETURN OF A BIRTH. A 43779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W. Lit
3. *Date of Birth,* Mar 6 13
4. *Place of Birth, (Street and Number)* No 1505 Lanvale st
5. *Full Name of Mother,* Minnie Rederleder
6. *Mother's Maiden Name,* Minnie Bitner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernest Rederleder
9. *Father's Occupation,* Diner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burge

Address, 1600 N. Chester st near Gay

Remarks, 8920003631

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11/29/65

RETURN OF A BIRTH. A 43780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MARIE WOLF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 6 92
4. Place of Birth, (Street and Number) 919 Central Ave
5. Full Name of Mother, Maggie Wolf
6. Mother's Maiden Name, Trageser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Wolf
9. Father's Occupation Sup Paper Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

1892 This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

1892 0003632

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 43781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th
4. Place of Birth, (Street and Number) 37 S. Poppleton St
5. Full Name of Mother, Maggie Worden
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas S. Worden
9. Father's Occupation, Oyster as clan Inman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, M. D. Lomax
- Address, 339 Woodyear St
- Remarks, Female baby

8920003633

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, immediately thereafter, or the person or persons in attendance upon the mother, shall become the duty of the person or persons required, and in the manner and within the period above required, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 7th.
4.	*Place of Birth, (Street and Number)*	325 S. Broadway at
5.	*Full Name of Mother,*	M. Le. Maddern
6.	*Mother's Maiden Name,*	" " Loudam
7.	*Mother's Birthplace,*	Balto. city
8.	*Full Name of Father,*	John A. Maddern
9.	*Father's Occupation,*	Conductor on B & O. Ry
10.	*Father's Birthplace,*	Balto. city
	Name of Medical Attendant, or other person who makes this Return,	M. D. Lemmon
	Address,	337 S. Broadway at Lee
	Remarks,	Robert Francis Attdg.

1892000 3634

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

H3783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Nov 8 — 94
4. *Place of Birth, (Street and Number)* 636, W. Conway
5. *Full Name of Mother,* Mary S Purkins.
6. *Mother's Maiden Name,* " " Heydman
7. *Mother's Birthplace,* Balti, Md
8. *Full Name of Father,* George M Purkins
9. *Father's Occupation,*
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. J. M. Lumpkin M.D.
640 W Barre

Address,

Remarks, 1892 0003635

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...rths which have occu... of each child, if any shall have ...ascertained the full ...ate and place of birth; and the ...upation of its parents. ...of a certificate between the first and ...practitioner in the form ...birth of any child ...the Commissioner of Health. In case the ...or practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

...ths which shall contain a list of the births which have occurred ... Health. This schedule shall contain as far as the same can be ascertained ... month, and shall set forth as far as the same can be ascertained the full ... been conferred) its sex, color, the full name and occupation of its parents, ... said schedule shall be signed by the practitioner in the form of a certificate ... third day of each month to the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 9th.

4. *Place of Birth, (Street and Number)* 1403 N. Washington st.

5. *Full Name of Mother,* Annie L McElroy

6. *Mother's Maiden Name,* Annie L Harkins

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Bernard J McElroy

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Brund

Address, 1600 N Chester st.

Remarks, 1892000 3636

NOV 28 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 43785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 9th '92
4. *Place of Birth, (Street and Number)* 133 S. High St.
5. *Full Name of Mother,* Annie Pagliner
6. *Mother's Maiden Name,* Nemasst
7. *Mother's Birthplace,* Joseph Friedland
8. *Full Name of Father,* Tailor
9. *Father's Occupation* Pucher Russ
10. *Father's Birthplace,* Pauline Slote

Name of Medical Attendant, or other person who makes this Return,

Address, 207 S. High St.

Remarks, Premature delivery 8 months & 2 days result of Accidental hemorrage after the 7th month, Death due to detachment of Placenta

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or such other person as he shall appoint. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 43788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 1 a th of November
4. Place of Birth, (Street and Number) 1172 Carroll S.t.
5. Full Name of Mother, Mrs. Emma Parks,
6. Mother's Maiden Name, Emma Negwith.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Malichi Parks.
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm Ranger

Address, 1172 Carroll St

Remarks,

18920003638

Register of births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-3-5-8

RETURN OF A BIRTH. 43787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Meyer Levin 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 10th 92

4. Place of Birth, (Street and Number) 12 S. Frederick St.

5. Full Name of Mother, Mary Fridlich

6. Mother's Maiden Name, Pinsk Pol

7. Mother's Birthplace, Isaac Levin

8. Full Name of Father, Shoemaker

9. Father's Occupation Baltic Russ

10. Father's Birthplace, Partizi Hebr

Name of Medical Attendant, or other person who makes this Return, 201 S. High St.

Address,

Remarks, 1892000 3639

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the practitioner as the form in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH.

A 43788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 17 '92
4. *Place of Birth, (Street and Number)* 229 S Bond St
5. *Full Name of Mother,* Francis Krausmyer
6. *Mother's Maiden Name,* " Cosby
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Emil Krausmyer
9. *Father's Occupation* Musician
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Mullo

Address, 1605 Walbrook St

Remarks,

1892 | 8 9 2 0 0 0 3 6 4 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 11th 1923
4. Place of Birth, (Street and Number) 1923 Wt Royal Hill
5. Full Name of Mother, Mary Enon
6. Mother's Maiden Name, " Basoli
7. Mother's Birthplace, Maryland
8. Full Name of Father, Frank Enon
9. Father's Occupation, Labor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. D. Ighbtaler

Address, 1214 Lemmon Av

Remarks, 1 8 9 2 0 0 0 3 6 4 1

Health. This schedule shall contain a list of the births which have occurred ... of his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, duly signed by the practitioner of ... In case the other person be in said schedule shall be delivered, ... to the office of the Commissioner of ... or should no or parents of such third day of each and every month ... of a physician or practitioner ... of the person or parents required, and third occur without the attendance ... it shall become the ... the period above required, and shall occur upon the mother, immediately thereafter ... and in the manner and ... the provisions of this section shall be subattendance upon its birth to the Commissioner of Health, ... to comply with ... other fines and forfeitures are recoverable. child to report ... hereafter fail ... as ... to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall ... offense, ... jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 12. 92
4. Place of Birth, (Street and Number) 1008 Cathedral St
5. Full Name of Mother, Annie Mortier
6. Mother's Maiden Name, Annie Foy
7. Mother's Birthplace, Washington
8. Full Name of Father, Augustus W Mortier
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Edmondson Ave

Remarks,

8920003642

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... certificate between the first and third day of each and every month to the office of the ... In case the birth of any child shall occur without the attendance of a physician or ... should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 43791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	November 12, the
4. Place of Birth, (Street and Number)	832 stockholm st.
5. Full Name of Mother,	Eliza Cornish
6. Mother's Maiden Name,	Eliza Griffin
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Cornish
9. Father's Occupation,	Laboring Work
10. Father's Birthplace,	Cambridge
Name of Medical Attendant, or other person who makes this Return	Grace Harris
Address,	No 818 stockholm st.
Remarks,	1892 0 0 3643

This schedule shall contain the facts of the birth of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and Place of birth; and the name conferred; its sex, color, the full name and occupation of the father

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male ~~or female~~) White

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 12 1892

4. Place of Birth, (Street and Number) 1221 N Eutaw St

5. Full Name of Mother, Katie E Smith

6. Mother's Maiden Name, Meiers

7. Mother's Birthplace, City

8. Full Name of Father, Wm M Smith

9. Father's Occupation, Butcher

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Dr. J Fetterhoff MD

Address, 705 E Eutaw St

Remarks,

1892 0003644

RETURN OF A BIRTH. A 4437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 10th 1892
4. Place of Birth, (Street and Number) No 1207 Durst st
5. Full Name of Mother, Katie morris
6. Mother's Maiden Name, Katie Foundz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward morris
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Horning.

Address, No 1517 Byrd St.

Remarks,

8920003645

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 13 22

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 10 1892
4. Place of Birth, (Street and Number) Garrett Av 1346
5. Full Name of Mother, Theadisey Grason
6. Mother's Maiden Name, Carday
7. Mother's Birthplace, Lawd Delaware
8. Full Name of Father, David Grason
9. Father's Occupation, Work in Dry Dock
10. Father's Birthplace, Millingham Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Johanna Jonshe

Address, Garrett Av 1363 Locust Point

Remarks,

8920003646

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 4434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 10 1892
4. Place of Birth, (Street and Number) 45 Gosuch avenue Homestead
5. Full Name of Mother, Anna Spangler
6. Mother's Maiden Name, - - Epple
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ambrose Spangler
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. Young Westbrook, M.D.

Address, 237 Gosuch Avenue

Remarks,

8920003647

...and shall set forth as far as the same can be ascertained ... under his or her care during the ... been conferred); its sex, color, the full name and ... full name of each child, if any shall have ... said schedule shall be delivered, duly signed by the ... parents, the date and place of birth; and the ... third day of each and every month to the office of the ... the form of a certificate between the first and ... shall occur without the attendance of a physician or ... midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

44345.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christopher Carter Loos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Nov. 1892 11.06 P.M.
4. Place of Birth, (Street and Number) 524 N. Pine St
5. Full Name of Mother, Mary M. Loos
6. Mother's Maiden Name, Mary M. McSweeney
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry J. Loos
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return C. A. Fleming M.D.

Address, 928 Madison Ave

Remarks,

1 8 9 2 0 0 0 3 6 4 8

ascertained the full name of each child (if any shall have been conferred,) its sex, the [illegible] set forth as far as the same can be certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. A 44346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, DEC 11 1892
4. Place of Birth, (Street and Number) 220 W York Street
5. Full Name of Mother, Mary McGee
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Nattaniel McGee
9. Father's Occupation, Porter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Milly Gross

Address, 213 W York Street

Remarks,

1892000 3649

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the child no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 11th
4. *Place of Birth, (Street and Number)* 1403 E. Eager Street
5. *Full Name of Mother,* Fanny Dobson
6. *Mother's Maiden Name,* Fanny Pattison
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Howard Dobson.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Walters.

Address, 428 N. Bond Street

Remarks,

1 8 9 2 0 0 0 3 6 5 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44348.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 11th 1892
4. *Place of Birth, (Street and Number)*	# 1913 Ramsay St
5. *Full Name of Mother,*	Mrs Louisa Prince
6. *Mother's Maiden Name,*	Mrs "
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Charles Prince
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	8920003651

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person who should do other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 12 th 1897
4. *Place of Birth, (Street and Number)*	# 2136 West Fayette St
5. *Full Name of Mother,*	Mrs Sarah Parks
6. *Mother's Maiden Name,*	Miss " Duffy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Samuel Parks
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto County
Name of Medical Attendant, or other person who makes this Return,	Mrs Hullert
Address,	2127 W Pratt St
Remarks,	6920003652

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 144350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1, 1892
4. Place of Birth, (Street and Number) 613 N. Howard St
5. Full Name of Mother, Mrs Mary Ann Murphy
6. Mother's Maiden Name, Mary Ann O'Brien
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Murphy
9. Father's Occupation, Coachman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return B. B. Brune

Address, 1218 Madison Ave

Remarks,

8920003653

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 14 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 1st 1892
4. *Place of Birth, (Street and Number)* Baltimore Sargent st 1235
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Riley

Address, N 1126 Russell

Remarks,

1 8 9 2 0 0 0 3 6 5 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, #4352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 2d 1892
4. Place of Birth, (Street and Number) 234 North Carey
5. Full Name of Mother Edwina Webster Adams
6. Mother's Maiden Name Webster
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles M. Adams
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr R McAdam

Address 1401 Linden Ave

Remarks

1 8 9 2 0 0 0 3 6 5 5

Every Physician, or other person who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 4353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether ~~male~~ or female)
2. *Race or Color*, (if not of the white race) Colored.
3. *Date of Birth*, December 3rd 92.
4. *Place of Birth*, (Street and Number) 1013 Argyle Ave
5. *Full Name of Mother*, Elizabeth Bond
6. *Mother's Maiden Name*, " Weston.
7. *Mother's Birthplace*, North Carolina
8. *Full Name of Father*, Henry Bond
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, North Carolina.

Name of Medical Attendant, or other person who makes this Return. W. J. Carrick M. D.

Address, 1816 Myrtle Ave

Remarks,

8920003656

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] and forfeitures are recoverable.

1892

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44334.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Fremmale
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	4. December 1892.
4. Place of Birth, (Street and Number)	#127 N. Amity St
5. Full Name of Mother,	Ella Stehle
6. Mother's Maiden Name,	Ella Cread
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	William Stehle
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Sugare Hunter
Address,	23 N Poppleton St
Remarks,	8920003657

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14353.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 16 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 1892
4. Place of Birth, (Street and Number)	2322 E Lafayette Street
5. Full Name of Mother,	Alexinia Pridchett
6. Mother's Maiden Name,	Pingate
7. Mother's Birthplace,	Dorchester County
8. Full Name of Father,	George Prichett
9. Father's Occupation	Commission Merchant
10. Father's Birthplace,	Dorchester County
Name of Medical Attendant, or other person who makes this Return	Howard E Kemble
Address,	212 N Paterson Pk Ave
Remarks,	8920003658

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether ~~male~~ or female)
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, Dec 4th 1892
4. Place of Birth, (Street and Number) 719 Mount St
5. Full Name of Mother, Rosa B Scholl
6. Mother's Maiden Name, Rosa B. Mueller
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank A Scholl
9. Father's Occupation, Cigar packer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. L. C. Olds M. D.

Address, 1723 W. Lanvale St Baltimore

Remarks, 1892000365 9

CITY OF BALTIMORE

...set forth as far as the same can be ascertained by the ... full name of each child (if any shall have ... month, the said ... shall set forth as far as the same can be ascertained by the ... full name of each child (if any shall have been conferred) its sex, color, the full name and ... the date and place of birth; and the said ... shall be delivered, duly signed by the ... between the first and third day of each and every month to the ... of a certificate between the birth of any child said schedule shall be delivered, duly signed by the ... In case the birth of any child shall occur without the attendance of a ... person be in attendance upon the mother, immediately ... of midwifery, or should no other person become the duty of the ... or parents of such child to report its birth to the Commissioner of ... and within the period above required, and any such person or persons who shall ... with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be ... as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-12-54

RETURN OF A BIRTH. A 44357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lena Schiminger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6 December 1892

4. Place of Birth, (Street and Number) 2018 Fountain St.

5. Full Name of Mother, Margie Schiminger

6. Mother's Maiden Name, = Schmidt.

7. Mother's Birthplace, Balto

8. Full Name of Father, Fred Schiminger

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

8920003660

DEC 17 1892

been corrected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 12

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 December

4. Place of Birth, (Street and Number) 366 Hare St.

5. Full Name of Mother, Mary Schatz

6. Mother's Maiden Name, = Seitz

7. Mother's Birthplace, Balto

8. Full Name of Father, Georg Seitz

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2529 Lancaster St.

Remarks, 8920003661

Been conferred) his sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any other fines and forfeitures are recoverable.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 6th 1892
4. *Place of Birth, (Street and Number)*	5 Chatsfield post office Stat
5. *Full Name of Mother,*	Hannah Jordan
6. *Mother's Maiden Name,*	" Cutler
7. *Mother's Birthplace,*	Port Deposit
8. *Full Name of Father,*	John Jordan
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. E. Knowles
Address,	112 N. Patterson Park Ave
Remarks,	8920003662

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 7th '92
4. Place of Birth, (Street and Number) 314 Forest St
5. Full Name of Mother, Theresa Ralli
6. Mother's Maiden Name, Maratto
7. Mother's Birthplace, Italy
8. Full Name of Father, Frank Ralli
9. Father's Occupation Fruit - Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Jennie Ferri

Address, 19 N. Eden St

Remarks,

1892000036 63

Wm. J. C. Dulany Co., City Printers and Stationers.

Date 1892

be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 December
4. Place of Birth, (Street and Number) 2048 Fountin st
5. Full Name of Mother, Minnie Faibig
6. Mother's Maiden Name, Minnie Finger
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Faibig
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 409 South Wood

Remarks, 8920003664

been conferred) its sex, color, the full name and occupation of DEF parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 8th 1892
4. Place of Birth, (Street and Number) 1549 Gilmor St
5. Full Name of Mother, Clarinda M Keating
6. Mother's Maiden Name, Clarinda M Durbin
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Thos L Keating
9. Father's Occupation, Carpenter
10. Father's Birthplace, Harford Co

Name of Medical Attendant, or other person who makes this Return, Sarah Rawlins

Address, 1600 Vincent Ave near Baker

Remarks,

8 9 2 0 0 0 3 6 6 5

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or midwife in attendance upon the mother, or by the father of the child, or in his absence by the mother, or by the owner or agent of the premises where the birth occurs, within ten days after the birth, and if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins are living. 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Color. Childs.
3. Date of Birth, Born Dec 8 1892.
4. Place of Birth, (Street and Number) 1611 Eutaw. 1607.
5. Full Name of Mother, Annie Brown.
6. Mother's Maiden Name, Annie Robinson.
7. Mother's Birthplace, Howard Co. State of Maryland.
8. Full Name of Father, James E. Brown.
9. Father's Occupation, Stone Quarry. sis his vocations
10. Father's Birthplace, Born in Maryland Howard Co.

Name of Medical Attendant, or other person who makes this Return, Sarah Robins.

Address, 1610. Eutaw Ave

Remarks,

8920003666

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 1 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 December
4. Place of Birth, (Street and Number) 1623 Aisert st
5. Full Name of Mother, Pauline Kaminki
6. Mother's Maiden Name, Pauline Rotka
7. Mother's Birthplace, Germany
8. Full Name of Father, Gya Kaminki
9. Father's Occupation, Stable Boss
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 707 South Bond

Remarks,

8 9 2 0 0 0 3 6 6 7

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

The Physician or Midwife who shall attend upon any birth shall, within ten days after the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, or by the person making the return, to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 44365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1892
4. Place of Birth, (Street and Number) 1117 N Bond street
5. Full Name of Mother, Dolly V Bright-
6. Mother's Maiden Name, Dolly V Burke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel L Bright
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return James E Wholley M.D.

Address, 919 Argyle Street

Remarks,

8920003668

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

KODAK ▲ SAFETY ▲ FILM

RETURN OF A BIRTH. 44366

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 9 1892
4. *Place of Birth, (Street and Number)*	111 N Fremont ave
5. *Full Name of Mother,*	Minnie E Parker
6. *Mother's Maiden Name,*	" E Shane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Walter Parker
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susie Hunter
Address,	23 N Pappleton St
Remarks,	8920003669

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Col'd
3.	*Date of Birth,*	Dec 9th 1892
4.	*Place of Birth, (Street and Number)*	1417 Jefferson
5.	*Full Name of Mother,*	Clara A Cooper
6.	*Mother's Maiden Name,*	" " Ehrik
7.	*Mother's Birthplace,*	Nicomico Co. Md.
8.	*Full Name of Father,*	Joseph H. Cooper
9.	*Father's Occupation,*	Merchant
10.	*Father's Birthplace,*	D. C.
	Name of Medical Attendant, or other person who makes this Return,	G. L. Wiltins
	Address,	226 E. Broadway
	Remarks,	

Dec 16 1892

0992000036 70

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Be it ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Born Dec 10 1897
4. Place of Birth, (Street and Number) 1365 Whitecoat St
5. Full Name of Mother, Mrs Celia Wills
6. Mother's Maiden Name, ~~Celia~~ Celia Cayntee
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Raymond Wilks
9. Father's Occupation, Laboring Work
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rolling

Address 1610 Vincent Street near Baker

Remarks, No 8920003671

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 10. Dezember. - 1892
4. Place of Birth, (Street and Number) Cookseie st. 1138.
5. Full Name of Mother, Inga Nelson.
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Carlshamn Sweden.
8. Full Name of Father, Samuel Nelson
9. Father's Occupation, Laboar.
10. Father's Birthplace, Carlshamn Sweden

Name of Medical Attendant, or other person who makes this Return, Effeminga Wasa.

Address, Beason st. 1421 Locus. Point.

Remarks, 1 8 9 2 0 0 0 3 6 7 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nineth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 10, 1892
4. Place of Birth, (Street and Number) 50 S. Carrollton Ave. Balt
5. Full Name of Mother, Margueth Kaiser
6. Mother's Maiden Name, Margeth Nicklas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ambrose Kaiser
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 414 S. Fulton St. Baltimore

Remarks, Mother and Child doing well

1892 DEC 12 056

1892 DEC 12

1892 DEC 12

1892 DEC 12

RETURN OF A BIRTH. 44371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1.	Sex, (state whether male or female)	Male.
2.	Race or Color, (if not of the white race)	White.
3.	Date of Birth,	Dec 10th 1892.
4.	Place of Birth, (Street and Number)	Baltimore Md 1813 W Fra
5.	Full Name of Mother,	Lena Carr.
6.	Mother's Maiden Name,	Lena Kissner.
7.	Mother's Birthplace,	Baltimore Md
8.	Full Name of Father,	John H Carr.
9.	Father's Occupation,	Laborer.
10.	Father's Birthplace,	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Kraus
	Address,	414 S Stricker St Baltimore Md
	Remarks,	Mother and Child doing well

1892 DEC 12

1892000367 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...ths which have occurred under his or her care during the ...ascertained the full name and occupation of its parents, the date and place of birth; and the ...delivered, duly signed by the practitioner in the form of a certificate between the first and ...every month to the office of the Commissioner of Health. In case the birth of any child ...attendance of a physician or practitioner of midwifery, or should no other person be in ...mediately thereafter it shall become the duty of the person or parents of such ...Commissioner of Health, in the manner and within the period above required, and ...who shall hereafter fail to comply with the provisions of this section shall be sub- ...dollars for each offense, to be recovered as other fines and penalties are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

44377

DEC 14 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 December

4. Place of Birth, (Street and Number) 922 Hare St

5. Full Name of Mother, Elisabeth Lehman

6. Mother's Maiden Name, Barwick

7. Mother's Birthplace, Balt.

8. Full Name of Father, Fred Lehman

9. Father's Occupation, Ingenier

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Wm G. Weiss.

Address, 2524 Lancaster St.

Remarks,

1 8 9 2 0 0 0 3 6 7 5

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have
said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 14 1892

1. *No. of Child of Mother, (state whether 1st, 2d [illegible], &c.)* .....
2. *[illegible], (state whether male or female)* .....
3. *Race or Color, (if not of the white race)* .....
4. *Date of Birth,* Dec 11
5. *Place of Birth, (Street and Number)* 1149 Mahon St
6. *Full Name of Mother,* Ella Foist
7. *Mother's Maiden Name,* " Walker
8. *Mother's Birthplace,* Balto City
9. *Full Name of Father,* Jerome A. Foist
10. *Father's Occupation,* Barber
11. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. John S. Huell

Address, #647 Lafayette Ave (West)

Remarks, 8920003676

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Births are to be set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

4437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th December 1892
4. Place of Birth, (Street and Number) 834 West Bath St
5. Full Name of Mother, Sarah A Norwood
6. Mother's Maiden Name, Sarah A Cronin
7. Mother's Birthplace, Cincinatia Ohio
8. Full Name of Father, John A Norwood
9. Father's Occupation, Marble Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8920003677

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Mother
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th December 1892
4. Place of Birth, (Street and Number) Grafton St N 1010
5. Full Name of Mother, Emma Wilson
6. Mother's Maiden Name, Schnyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wilson
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Infirmary Fort & Eby N 474

Remarks, 1892000367 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 44376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 12th 92
4. *Place of Birth, (Street and Number)*	833 Ramsay St.
5. *Full Name of Mother,*	Mary Agnes Dolby
6. *Mother's Maiden Name,*	Mary Agnes Dolby
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Patrick Joseph Dolby
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Glasgow Scotland
Name of Medical Attendant, or other Person who makes this Return.	M Rae & Cross
Address,	409 S Dopplestown Ave
Remarks,	

1892000 3679

ascertained the full name of each child (if any shall have been born since the ... month, and shall set forth as far as the same can be parents, the date and place of birth, and the said schedule shall be delivered ... of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the ... mid-wifery, or should no other person birth of any child shall occur without the attendance of a Physician or ... duly of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become ... period above required, and any such person report its birth to the Commissioner of Health, in the manner and with ... of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions ... recoverable. for each offense to be recovered as other fines and forfeitures are

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

44377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 12, 1892
4. Place of Birth (Street and Number),	933 S. Paca St.
5. Full Name of Mother,	Kate Geary
6. Mother's Maiden Name,	" Kennedy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Thomas A. Geary
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	H. C. Knuff M.D.
Address,	523 Scott St.
Remarks,	

1 8 9 2 0 0 0 3 6 8 0

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1

1. Sex, (state whether male or female) Male 1
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 December
4. Place of Birth, (Street and Number) 211 Carlin Ave
5. Full Name of Mother, Carey Walden
6. Mother's Maiden Name, Carey Lowry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aaron Walden
9. Father's Occupation Farmer
10. Father's Birthplace, Washington DC

Name of Medical Attendant, or other person who makes this Return, Caroline Sullivan

Address, 401 Lewis St

Remarks, Doing as well as can be expected

8920003681

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule contains a list of the names which have been given to children born during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 16 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male child first

1. Sex, (state whether male or female) Male Child.

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 12th December 1892

4. Place of Birth, (Street and Number) McLeonard st, 812

5. Full Name of Mother, Elizabeth Barnett

6. Mother's Maiden Name, Elizabeth Frazier

7. Mother's Birthplace, St. marys County Md

8. Full Name of Father, Edward Barnett

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 Durham st

Remarks, no remarks

1892 0003682

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-21-56

RETURN OF A BIRTH

14380.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jessie Garnet Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, December 13th 1892.
4. Place of Birth (Street and Number), 1626 Hanover st
5. Full Name of Mother, Florida Davis
6. Mother's Maiden Name, Florida Bennett
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John A Davis
9. Father's Occupation, Foreman Matthai Ingram & Co.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. M L Hooper M.D.

Address, 1327 Hanover st.

Remarks,

1892 Dec 13

1 8 9 2 0 0 0 3 6 8 3

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

44381.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 15th 1892

4. *Place of Birth, (Street and Number)* 345 Virginia Ave

5. *Full Name of Mother,* Catherine Crehan

6. *Mother's Maiden Name,* Catherine McGraff

7. *Mother's Birthplace,* ~~Latvia~~ Balto Md.

8. *Full Name of Father,* Patrick Crehan

9. *Father's Occupation,* Latvia

10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Chas. P. Cross

Address, 409 E. Pleasant St

Remarks,

8 9 2 0 0 0 3 6 8 4

Dec 15 1892

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 44387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th December 1892
4. *Place of Birth, (Street and Number)* 2123 Wilkins Ave Balto
5. *Full Name of Mother,* Isabella W. G. Welch
6. *Mother's Maiden Name,* Isabella W. Gray
7. *Mother's Birthplace,* Harrisonburg, Virginia
8. *Full Name of Father,* Wm Sellman Welch
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Anne Arundel Co., Maryland

Name of Medical Attendant, or other person who makes this Return, Wm S Welch M.D.

Address, 2123 Wilkins Ave Baltimore

Remarks, 8920003685

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 4383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13th
4. Place of Birth, (Street and Number) 3232 n Paca st
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, Annie Lawson
7. Mother's Birthplace, King Williams Co Va
8. Full Name of Father, Charles Smith
9. Father's Occupation, Engineer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return J Barlus Trew MD, 3232 n Paca st

Address,

Remarks, 8920003686

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, No. 2047 East Monument Street
4. Place of Birth, (Street and Number) December 14, 1892
5. Full Name of Mother, Mrs. Mary M. Hohman
6. Mother's Maiden Name, Miss Mary M. Bauernschmidt
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Henry J. Hohman
9. Father's Occupation, Bacon dealer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 201 N Broadway

Remarks, 8920003687

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or the person in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-22-57

RETURN OF A BIRTH

4438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Dietrich 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 December - 1892

4. Place of Birth, (Street and Number) 707 Druid Hill Ave.

5. Full Name of Mother, Ella K. Dietrich

6. Mother's Maiden Name, Ella K. Bullhardt.

7. Mother's Birthplace, Jefferson Pa.

8. Full Name of Father, Justus Dietrich.

9. Father's Occupation, Bäcker.

10. Father's Birthplace, Melsungen Germany

Name of Medical Attendant, or other Person who makes this Return C. A. Fleming

Address, 926 Madison Ave

Remarks, 1892003688

Every physician or midwife in attendance upon the birth of any child shall cause the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLOTTE ELILABETH BRAUL

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* Decemb. 14th 92,
4. *Place of Birth,* (*Street and Number*) 166 W. Mulberry St.
5. *Full Name of Mother,* Dorothy Braul,
6. *Mother's Maiden Name,* Dorothy Nomberg,
7. *Mother's Birthplace,* Richmond, Va.
8. *Full Name of Father,* William H. Braul.
9. *Father's Occupation,* Ship Cutter.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John L. Stiegel M.D.

Address, 662. W. Lexington St.

Remarks, 8 9 2 0 0 0 3 6 8 9

Birth 1892

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 44387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 16 189

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Black
4. Date of Birth, Dec 15 1892
5. Place of Birth, (Street and Number) Md Penitentiary.
6. Full Name of Mother, Maggie Harden
7. Mother's Maiden Name, Maggie Harden
8. Mother's Birthplace, Roanoke Co Va
9. Full Name of Father,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Theodore Cook M D

Address, 918 Hanover St

Remarks, She gives the name of the Father as Robert Cook a Laborer & was born in Roanoke Co Va

82200 3690

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 44388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th) child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 1st 1891
4. *Place of Birth, (Street and Number)* 1432 Riggs Ave
5. *Full Name of Mother,* Josephine Seibert
6. *Mother's Maiden Name,* Josephine Fuguan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Philipp Seibert
9. *Father's Occupation,* Bookkeper
10. *Father's Birthplace,* Bremen, Germany

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23d & Poppleton St

Remarks, 8920003691

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 5

1. *Sex, (state whether male or female)* Ivory
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* Dec. 4th
4. *Place of Birth, (Street and Number)* 20 Albemarle st
5. *Full Name of Mother,* Frances Blum
6. *Mother's Maiden Name,* Frances Ofes
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Blum
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Nettie Falchmen

Address. 1013 E Lombard st

Remarks, 8920003692

DEC 18 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 14390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Collard
3. Date of Birth,	December 5
4. Place of Birth (Street and Number),	1218 Smith street
5. Full Name of Mother,	Hattie L Owens
6. Mother's Maiden Name,	Hattie L Owens
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John L desheilds
9. Father's Occupation,	Oyster Shucker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Francis Walker
Address,	923 Whatcoat st
Remarks,	

8920003693

The same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

14391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Eight of December

4. Place of Birth, (Street and Number) Balto city 2208 Eastern ave

5. Full Name of Mother, Mary E. Prouty

6. Mother's Maiden Name, Mary Elzibeth Brightwell

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, William Edward Prouty

9. Father's Occupation Ice Driver

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Wm H Emmanuel

Address, 2/2 N Patterson Park Ave

Remarks, 5920003694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1te Kind
1. *Sex, (state whether male or female)*	Mädchen
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	12 Dec.
4. *Place of Birth, (Street and Number)*	910 E. Baltimore Ste.
5. *Full Name of Mother,*	Emma Sahs
6. *Mother's Maiden Name,*	Europa
7. *Mother's Birthplace,*	Wilhelm Sahs
8. *Full Name of Father,*	Kaufman
9. *Father's Occupation*	Europa
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Linda Hundley
Address,	1125 E. Pratt Ste
Remarks,	8920003695

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 15 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 13th 1892
4. Place of Birth, (Street and Number) No: 9 Marriott St
5. Full Name of Mother, Annie Hansen
6. Mother's Maiden Name, Annie Tiarken
7. Mother's Birthplace, Germany
8. Full Name of Father, Amandus Hansen
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 2 0 0 0 3 6 9 6

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44394.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Dec 18/92.
4.	*Place of Birth, (Street and Number)*	No 2648 Hanover St.
5.	*Full Name of Mother,*	Richy Braley
6.	*Mother's Maiden Name,*	Hamburger
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	William Braley
9.	*Father's Occupation,*	Seaman
10.	*Father's Birthplace,*	Prussia
	Name of Medical Attendant, or other person who makes this Return,	Annie Jenns
	Address,	No 1603 S. Charles St.
	Remarks,	Yours Respectfully, 8920 10369

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 13th 97
4. Place of Birth, (Street and Number)	531 N. Stricker St
5. Full Name of Mother,	Annie Lutzky
6. Mother's Maiden Name,	Annie Blondheim
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Louis Lutzky
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr Blum M.D.
Address,	6x Columbia Av.
Remarks,	8920003698

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) " White
3. Date of Birth, 13 Dec 92
4. Place of Birth, (Street and Number) Balti City, 812 Hearford ave
5. Full Name of Mother, Mary L German
6. Mother's Maiden Name, " " Rock
7. Mother's Birthplace, Balti City
8. Full Name of Father, Thos G German
9. Father's Occupation Upholsterer
10. Father's Birthplace, Balti City

Name of Medical Attendant, or other person who makes this Return Mrs Worden

Address, 882 Greenmount ave

Remarks,

18920003699

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Dec. 14/97
4.	*Place of Birth, (Street and Number)*	No 201 Heath St.
5.	*Full Name of Mother,*	Annie Benson
6.	*Mother's Maiden Name,*	" Hoff
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	William Benson
9.	*Father's Occupation,*	Conductor
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jenno.
	Address,	No 1618 S. Charles St
	Remarks,	Yours Respectfully.

1 8 9 2 0 0 3 7 6 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight (8)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday Dec 14/92
4. *Place of Birth, (Street and Number)*	1414 E. Fort Ave.
5. *Full Name of Mother,*	Mary Ella Thomas
6. *Mother's Maiden Name,*	Mary Ella Bath
7. *Mother's Birthplace,*	Jackson Parish La.
8. *Full Name of Father,*	William Thomas
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	1619 Cuba St
Remarks,	8920003701 Balt

DEC 28

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 14-92
4. *Place of Birth, (Street and Number)*	Cor Ann + Oliver
5. *Full Name of Mother,*	Olivia Galeh
6. *Mother's Maiden Name,*	Olivia Evans
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Frank R Galeh
9. *Father's Occupation,*	Dairy
10. *Father's Birthplace,*	Balt Co
Name of Medical Attendant, or other person who makes this Return.	Daniel V Moyer M.D.
Address,	1200 N Eden st
Remarks,	8920003702

...as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-4-55

RETURN OF A BIRTH A 44400.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Elizabeth Leutbecher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 14th 1892
4. Place of Birth, (Street and Number) 1514 Lorbel St
5. Full Name of Mother, Virginia Leutbecher
6. Mother's Maiden Name, Virginia Schumann
7. Mother's Birthplace, Va
8. Full Name of Father, Walter Leutbecher
9. Father's Occupation, Jeweler
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. C. Thimm M.D.

Address,

Remarks,

1892 0003703

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner and wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

44401.

GIVEN NAME ADDED 11-30-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Seaman~~ Leyin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13th 1892
4. Place of Birth, (Street and Number) 128 S. Exeter, St
5. Full Name of Mother, Rosa Leyman
6. Mother's Maiden Name, Rosa Baron
7. Mother's Birthplace, Russia
8. Full Name of Father, Wm Leyman
9. Father's Occupation Grocer
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Nathan Kleinman

Address, 1172 E. Lombard, St.

Remarks,

8920003704

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 15th 1892
4. Place of Birth, (Street and Number) 1012 W. Fayette
5. Full Name of Mother, Maggie Toth
6. Mother's Maiden Name, Maggie Latimer
7. Mother's Birthplace, Md
8. Full Name of Father, Frank Toth
9. Father's Occupation, Brewer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. J. Timmons M.D.

Address,

Remarks,

1 8 9 2 0 0 0 3 7 0 5

DEC 1892

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ED. J. G. SELBY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-21-59

RETURN OF A BIRTH 44403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Moyer Gerlach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Dec 16 - 92
4. Place of Birth, (Street and Number)	7 Airy Ext
5. Full Name of Mother,	Agnes Gerlach
6. Mother's Maiden Name,	Agnes Kabfinty
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Jno I Gerlach
9. Father's Occupation,	Packer Stand Goods
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Moyer MD
Address,	1200 N Edwin St
Remarks,	8920003706

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 44404

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC 20 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 16/92
4. *Place of Birth (Street and Number)*	1220 Riverside ave
5. *Full Name of Mother*	Janie Armstrong Robbins
6. *Mother's Maiden Name*	Janie Armstrong McCully
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Edward Everett Robbins
9. *Father's Occupation*	Ship Smith
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	E. Krieger M. D.
Address	5-26 S. Chapel st
Remarks	

8920003707

A 74405.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 17th 92

4. Place of Birth, (Street and Number) 832 Saratoga

5. Full Name of Mother, Mary Rose

6. Mother's Maiden Name, Mary -

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leon Rose

9. Father's Occupation, Saddler

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Joseph Blum M.D.

Address, 6 E. Columbia Ave.

Remarks, 1 8 9 2 0 0 0 3 7 0 8

(Any conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female
1. Sex, (state whether male or female)	Second Child
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 17 1899
4. Place of Birth, (Street and Number)	1234 Edward St
5. Full Name of Mother,	Hattie Kelly
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return	Joseph Blum M.D.
Address,	614 Columbia Av.
Remarks,	8920003709

Wm J C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or prac
ter it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

ascertained the full name of each child, (if any shall have
the same can be ascertained as to such facts,) its sex, color, the full name and occupation, of its parents, the date and place of birth, and the
been conferred,) its sex, color, the full name and occupation, of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 509 S. Ann St Dec. 17 92
4. *Place of Birth, (Street and Number)* 509 S. Ann St.
5. *Full Name of Mother,* Annie B. Miller
6. *Mother's Maiden Name,* Anzie B Meizel
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Adolph Miller
9. *Father's Occupation* Loan Insp.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Parago

Address, 1803 Hanover St.

Remarks, 8920003710

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. P 44408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

December 18th 1892.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Date Dec. 18th 1892.
4. Place of Birth, (Street and Number) 404 S. Chappel St.
5. Full Name of Mother, Clara Schaefer.
6. Mother's Maiden Name, Clara Petzel.
7. Mother's Birthplace, America
8. Full Name of Father, Michial Schaefer.
9. Father's Occupation, Stevador Work.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Leonard.

Address, 410 S. Wolfe St.

Remarks, H.

8920003711

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4409.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19th 1892

4. Place of Birth, (Street and Number) 1630 East Ave

5. Full Name of Mother, Agnes Taylor

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, William Taylor

9. Father's Occupation, Boiler Maker

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return C. W. McClefresh

Address, 920 Hollins St

Remarks, Premature Labor at Eight & ½ Months

8 9 2 0 0 0 3 8 1 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CITIZEN NAME ADDED. 1-12-55

RETURN OF A BIRTH.

A 44410.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Zeller ——— Balto. Dec. 19th 1892.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto. Dec 19th 1892.
4. Place of Birth, (Street and Number) 625 S. Dallas St.
5. Full Name of Mother, Sophia Zeller.
6. Mother's Maiden Name, Sophia Belz.
7. Mother's Birthplace, America.
8. Full Name of Father, John Zeller.
9. Father's Occupation, Driver.
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend.

Address, 410 S. Wolfe St.

Remarks, 1892 0037 13

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 19th 1892
4. Place of Birth, (Street and Number) 2540 Mary St.
5. Full Name of Mother, Cora Gunpman
6. Mother's Maiden Name, Cora Hedges
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, George Gunpman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, E. A. Spurtz M.D.

Address, 2645 Frances St.

Remarks, 8920003714

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 11th, 1892
4. Place of Birth (Street and Number)	#223 S. Chester St.
5. Full Name of Mother	Victoria Thompson
6. Mother's Maiden Name	Victoria Nordling
7. Mother's Birthplace	Finland
8. Full Name of Father	John Thompson
9. Father's Occupation	Sea-Captain
10. Father's Birthplace	Finland
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	#1709 Alice Anna St.
Remarks	

1892000371 5

A 4443.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 11. 5.30 p.m. 1892
4. *Place of Birth, (Street and Number)* 303 Hoffman Str
5. *Full Name of Mother,* Carrie Hoover
6. *Mother's Maiden Name,* Carrie Warner
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Charles Hoover
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Porter

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie L Czarra Bamore.

Address, 303. N. Hoffman Str.

Remarks,

8920003716

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child, (if any shall have ...as the same can be ascertained) its sex, color, the full name and occupation of ...been conferred) its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44414.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th December 1892.
4. *Place of Birth, (Street and Number)*	Garrett Ave 1304.
5. *Full Name of Mother,*	Alma Forster
6. *Mother's Maiden Name,*	A Davidson
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Henri Forster
9. *Father's Occupation,*	Florder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Shoemaker
Address,	Feb 14th 1205 Locust Point
Remarks,	8920003717

...shall have ...ch child of any ... the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 4413.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec 17th 1892.
4. *Place of Birth, (Street and Number)* Baltimore Ind 437 S Parish St
5. *Full Name of Mother,* Bertha Stadolug.
6. *Mother's Maiden Name,* Bertha Hoshel
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Michael Stadolug.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Miss Mary Kraus

Address, 414 S Tucker St Baltimore Md

Remarks, Mother and child are doing well

8920003718

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...have occurred under his or her care during the ...ascertained the full name of each child, (if any shall have ...pation of its parents, the date and place of birth; and the ...ctitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...practitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ..., in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

14416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 19th of December 1892
4. Place of Birth, (Street and Number) No 7 North Dallas st
5. Full Name of Mother, Nettie Dunkins
6. Mother's Maiden Name, Nettie Williams
7. Mother's Birthplace, Fairmount Somerset St Maryland
8. Full Name of Father, Edward Dunkins
9. Father's Occupation, Steward
10. Father's Birthplace, Accomac County Virginia

Name of Medical Attendant, or other person who makes this Return. Hester Benson

Address, 314 South Dallas st

Remarks,

8920003719

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its father, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A-44017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 20th Dec 1892

4. *Place of Birth, (Street and Number)* 2937 Lancaster St

5. *Full Name of Mother,* Maggie J. Walker

6. *Mother's Maiden Name,* Mack

7. *Mother's Birthplace,* J A Co Md

8. *Full Name of Father,* James H Walker

9. *Father's Occupation* Stair Smith

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs H Mack

Address, 807 Hare St Eastern Md. Baltimore

Remarks,

8920003720

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4448.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* December the 20
4. *Place of Birth, (Street and Number)* Andrews Ave Number 7.
5. *Full Name of Mother,* Alberta Payne
6. *Mother's Maiden Name,* Harford County Maryland Mother Mayo
7. *Mother's Birthplace,* Harford County Maryland Hill.
8. *Full Name of Father,* John Edward Payne
9. *Father's Occupation,* Rail Roder.
10. *Father's Birthplace,* Hanover County Virginia

Name of Medical Attendant, or other person who makes this Return, Dr Kis Jain Gary Anderson

Address,

Remarks, 8 9 2 0 0 0 3 7 2 1

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 4449.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 20 1892
4. *Place of Birth, (Street and Number)*	1114 Jenkins Alley
5. *Full Name of Mother,*	Estella Wallace
6. *Mother's Maiden Name,*	Same
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William A Burke
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	A K Hodel M D
Address,	1143 Park Ave
Remarks,	Baltimore Md

8920003722

month, and shall set forth as far as the same can be ascertained the full name and ... of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALAKY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8920003723

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4471.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 21. 3. o'clock a. m. 1892
4. *Place of Birth, (Street and Number)* 303. Hoffman Ste.
5. *Full Name of Mother,* Corra Dorr
6. *Mother's Maiden Name,* Corra Serry
7. *Mother's Birthplace,* Chicago
8. *Full Name of Father,* Charles Dorr
9. *Father's Occupation,* Grabbing Man
10. *Father's Birthplace,* Rome New York.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie L. Czarra.

Address, 303 W. Hoffman Ste.

Remarks,

8920003724

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the full name and occupation of the mother, the date and place of birth, and the number of children (if any) born to the mother, including the child (if any) born at the present birth, and whether the child (if any) born at the present birth was born alive or dead, and the sex of each child born alive, and the date of birth of the last child (if any) born alive prior to the present birth. In case the child was born alive, the name and residence of the physician or midwife in attendance at the birth shall be stated in the return; and in case there was no physician or midwife in attendance, the return shall state the fact. In case the child was born dead, the return shall state the cause of death, as far as the same can be ascertained. The return of each birth shall be made within ten days after the birth, and if the child shall die before the return is made, the return shall be made before the burial of the child. The return shall be made by the physician or midwife in attendance at the birth, or in case there was no physician or midwife in attendance, then by the father of the child, or in case of his absence or inability, then by the mother, or in case of her absence or inability, then by the person having charge of the house in which the birth occurred, or by the person having charge of the child. Any person who shall refuse or neglect to make the return required by this section shall be subject to a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 444m

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Dec. 1892
4. Place of Birth, (Street and Number) 1614 Gliceann St.
5. Full Name of Mother, Antonia Shafrenaki
6. Mother's Maiden Name, " Schaelinska
7. Mother's Birthplace, Poland
8. Full Name of Father, John Shafrenaki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 800 E Aunn St.

Remarks, 1892000 3725

Physicians and midwives shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 11 — 1892.
4. *Place of Birth, (Street and Number)*	1704 Bird st.
5. *Full Name of Mother,*	Matilde Sufner
6. *Mother's Maiden Name,*	Wagner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Sufner
9. *Father's Occupation,*	Piano maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	8920003726

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 Dec.
4. *Place of Birth, (Street and Number)*	Central Ave. 477
5. *Full Name of Mother,*	Mary Bachovich
6. *Mother's Maiden Name,*	Mamuleski
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Martin Bachovich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krobzka
Address,	606 Penn St.
Remarks,	1892000372 7

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RETURN OF A BIRTH. A 44475.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 Dec 1892
4. *Place of Birth, (Street and Number)*	1715 Eastern Ave.
5. *Full Name of Mother*	Antonia Stanick
6. *Mother's Maiden Name,*	Miljanovich
7. *Mother's Birthplace,*	Joseph Stanick
8. *Full Name of Father,*	Poland
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krotzka
Address,	806 Ann St.
Remarks,	18920003728

The Midwife or other person having charge of the case shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 44476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Bond st. 1418
4. *Place of Birth, (Street and Number)* 12 Dec.
5. *Full Name of Mother,* Victor Zelhorska
6. *Mother's Maiden Name,* 1 Zajeck
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Zelhorska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 506 Ann St.

Remarks,

8920003729

Section 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to furnish to each physician, midwife or practitioner, a sufficient number of blank certificates of births, and to require a return of the same to be made to his office within ten days after the end of each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	13 Dec.
4. Place of Birth, (Street and Number)	1601 Lancaster St
5. Full Name of Mother,	Julia De Martin
6. Mother's Maiden Name,	Kucarish
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Pete De Martin
9. Father's Occupation	Laborer
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Kratzka
Address,	806 Ann St
Remarks,	8920003730

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4442 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Dec 13

4. *Place of Birth*, (*Street and Number*) Lancaster 1732

5. *Full Name of Mother*, Annie Grosh

6. *Mother's Maiden Name*, " Mien

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, John Grosh

9. *Father's Occupation* Labour

10. *Father's Birthplace*, Poreland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyzka

Address, 600 Orleans St.

Remarks, 18920003731

month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its p
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
said schedule shall be delivered duly signed by the practitioner in t
third day of each and every month to the office of the Commissio
of the person or parents of such
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter it shall becom
ll become the duty of the person or parents of such
e manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manne
ty with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered
covered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44479

GIVEN NAME ADDED, 3-11-63

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Name: Dorothea Krausz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 16 1892.
4. *Place of Birth, (Street and Number)*	1039 Charles st.
5. *Full Name of Mother,*	Lizzie Krausz.
6. *Mother's Maiden Name,*	Schneider.
7. *Mother's Birthplace.*	America.
8. *Full Name of Father,*	Henry Krausz.
9. *Father's Occupation,*	Dealer in coal and wood.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Lahwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	18920003732

Every midwife or person other than a physician or practitioner of midwifery, who shall attend upon any birth, shall, as far as the same can be ascertained by her or him, enter in a book to be kept for that purpose, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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B 44480.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Deamber 17 th 1892
4. Place of Birth, (Street and Number) Nr 1106 Elizebath Lane
5. Full Name of Mother, Elizebath Hockler
6. Mother's Maiden Name, E. Eleycher
7. Mother's Birthplace, Germany
8. Full Name of Father, William Hockler
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, Nr 1517 Byrd

Remarks,

8920003733

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17th 1892
4. Place of Birth, (Street and Number) No 1513 Byrd St
5. Full Name of Mother, Emma Pierce
   Emma Richardson
6. Mother's Maiden Name, Baltimor
7. Mother's Birthplace, Sylvester Pierce
8. Full Name of Father, Boiler maker
9. Father's Occupation, Baltimor
10. Father's Birthplace, Catherine Hornung

Name of Medical Attendant, or other person who makes this Return, No 1517 Byrd St

Address,

Remarks, 8 9 2 0 0 0 3 7 3 4

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RETURN OF A BIRTH. A 44437.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	N Dec 19 — 1872
4. *Place of Birth, (Street and Number)*	1122 Light st.
5. *Full Name of Mother,*	Barbara Schilling
6. *Mother's Maiden Name,*	Friedmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jake Schilling
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife
Address,	1032 Hanover st.
Remarks,	8 9 2 0 0 0 3 7 3 5

be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health. In t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re

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RETURN OF A BIRTH. 44433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19th 1892
4. Place of Birth, (Street and Number) 323 N Paca St
5. Full Name of Mother, Julia Gibson
6. Mother's Maiden Name, Julia Ingram
7. Mother's Birthplace, Ireland (County Armagh)
8. Full Name of Father, Joseph Gibson
9. Father's Occupation, Hostler
10. Father's Birthplace, Ireland County Armagh

Name of Medical Attendant, or other person who makes this Return, Bartis Trew M.D.

Address, 323 N Paca st.

Remarks, 8920003736

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ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 44434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth,*	Dec 19
4.	*Place of Birth, (Street and Number)*	405 Solers Court
5.	*Full Name of Mother,*	Mary Emory
6.	*Mother's Maiden Name,*	" Howe
7.	*Mother's Birthplace,*	Maryland
8.	*Full Name of Father,*	George Emory
9.	*Father's Occupation,*	Peddler
10.	*Father's Birthplace,*	St Marys County
	Name of Medical Attendant, or other person who makes this Return,	Nels Mc Morgan
	Address,	412 Scott St
	Remarks,	8920003737

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A 44436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 20th 1892
4. *Place of Birth, (Street and Number)*	# 342 Smallwood Str
5. *Full Name of Mother,*	Mrs Mary Singer
6. *Mother's Maiden Name,*	Wife of Bayer
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	George Singer
9. *Father's Occupation*	Street Paver
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	18920003738

been conferred) its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the birth of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Girl ~~White Race~~
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 21st 1892
4. *Place of Birth, (Street and Number)*	# 2014 Calverton Ave
5. *Full Name of Mother,*	Mrs Annie Dressel
6. *Mother's Maiden Name,*	Miss " Engle
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Louis Dressel
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Saxton Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	8920003739

Seen conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 44437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 21st 1892
4. Place of Birth, (Street and Number) No 1409 Durst alley
5. Full Name of Mother, Single
6. Mother's Maiden Name, Louisa Bartlett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anton Durkin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd st

Remarks, 1892000374 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 44438

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 24 — 1892
4. *Place of Birth, (Street and Number)*	120 Ostend st.
5. *Full Name of Mother,*	Helene Alfeld.
6. *Mother's Maiden Name,*	Berigtold
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Fred Alfeld
9. *Father's Occupation,*	Tennis stove manufacturer
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	J. Lohrasser. Midwife
Address,	1032 Hanover st
Remarks,	8920003741

Every child born alive in the City of Baltimore, after the passage of this Act, shall be reported to the Commissioner of Health, by the physician or midwife in attendance upon the mother, or by the person or parents of such child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth,*	Dec 22
4.	*Place of Birth, (Street and Number)*	821 N Peters St
5.	*Full Name of Mother,*	Carrie Black
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Nicolis Mantelle
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Morgan
	Address,	412 Scott St
	Remarks,	8920003742

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, George Vernon Jones

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Dec 8th 11
4. *Place of Birth, (Street and Number)* 1743 Chester St.
5. *Full Name of Mother,* Clara Jones
6. *Mother's Maiden Name,* Clara Tyler
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* George Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 Chester st Belair Stove

Remarks, 8920003743

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9-1892
4. Place of Birth, (Street and Number) Balto. No 603 S. Charles St.
5. Full Name of Mother, Jennie Pollack
6. Mother's Maiden Name, Jennie Powl
7. Mother's Birthplace, Poland
8. Full Name of Father, Meyer Pollack.
9. Father's Occupation, Shoe-maker.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Lena Barbor.

Address, No 46 York Street.

Remarks, 1892000374 4

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...son of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner, ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, ...attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

44442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Fem Female
2. *Race or Color, (if not of the white race)*	Colord race
3. *Date of Birth,*	Dec 10th 1892
4. *Place of Birth, (Street and Number)*	Baltimore Bulletin No 1631
5. *Full Name of Mother,*	Mary Ellen Anderson
6. *Mother's Maiden Name,*	Mary Ellen Willson
7. *Mother's Birthplace,*	Queen Anne County Md
8. *Full Name of Father,*	Thomas Henry Willson
9. *Father's Occupation,*	Hod Carrier
10. *Father's Birthplace,*	Queen Ann County Md
Name of Medical Attendant, or other person who makes this Return.	Dr George Anna Brooke
Address,	Baltimore Street 1750
Remarks,	No remark.

18920003745

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 14443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 11th
4. Place of Birth, (Street and Number) Chester st 1412
5. Full Name of Mother, Josephine Rash
6. Mother's Maiden Name, Jos Stillgeright
7. Mother's Birthplace, Germany
8. Full Name of Father, George Rash
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st Bedour Stone

Remarks, 8920003746

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 11-1912
4. Place of Birth, (Street and Number) 616 W. Baltimore St
5. Full Name of Mother, Gisella Winkler
6. Mother's Maiden Name, Gisella Csimet
7. Mother's Birthplace, Rozsnyo
8. Full Name of Father, Max Winkler
9. Father's Occupation, Tailor
10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return, Lina Barbet

Address, Jordan 46

Remarks, 8920003747

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 14 1892
4. Place of Birth, (Street and Number)	4 N Appleton St
5. Full Name of Mother,	Maggie Bents
6. Mother's Maiden Name,	Maggie Kavanaugh
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Wm Bents
9. Father's Occupation,	Barber
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Hunter
Address,	23 N Appleton St
Remarks,	18920003748

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. F 44446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15'
4. Place of Birth, (Street and Number) # 231 Scott St
5. Full Name of Mother, Mollie E. Flickman
6. Mother's Maiden Name, Moore
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm E. Flickman
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. John S. Huck

Address, # 604 N. Lafayette Ave.

Remarks,

1892 0003749

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 44447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16 th
4. Place of Birth, (Street and Number) 1532 Belair Ave
5. Full Name of Mother, Annie Wagner
6. Mother's Maiden Name, Annie Bleht
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Wagner
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N. Chester st

Remarks, 1892000 3750

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-19-54

44448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ida Agnes Stone two
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 16. 1892
4. *Place of Birth. (Street and Number)*	215 N. Pearl St
5. *Full Name of Mother,*	Toslmee. Stone
6. *Mother's Maiden Name,*	Toslmee. Mitchell
7. *Mother's Birthplace,*	Baltimore. M.D
8. *Full Name of Father,*	Geo W. Stone
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore. M.D
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Appelton St
Remarks,	8920003751

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner, c... In case the birth of any child shall occur without the attendance of a physician or practitioner of... midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 16 1892
4. *Place of Birth, (Street and Number)* Baltimore 727 Lindin ave
5. *Full Name of Mother,* Sarah E James
6. *Mother's Maiden Name,* Sarah E Bradford
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lewis James
9. *Father's Occupation.* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, 609 Harrison alley

Remarks, ...

1 8 9 2 0 0 0 3 7 5 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4460.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of December
4. Place of Birth, (Street and Number) 1913 Aisquith St
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name, Mary Hill
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edgar Nelson Williams
9. Father's Occupation, Lamplighter
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Fiske

Address, 1600 Lanvale st

Remarks,

1892000 3753

DEC 21 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4467.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12th 1893
4. *Place of Birth, (Street and Number)* 1012 Fawn St.
5. *Full Name of Mother,* A. Pawlak
6. *Mother's Maiden Name,* A. Pfuglas
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* J. Pawlak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Yuthus Klemanski M.D.

Address, 1117 Fawn St.

Remarks, 1892000375 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered every month to the office or practioner of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, or should no person or parents of such child so report its birth to the Commissioner of midwifery, or should the person or parents of such child to report its birth to the duty of the person above required, and shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in the manner and forfeitures are recoverable. Sec. 3. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of its parents, the date and place between the first and third day of each and every month to the office or practioner in the form of a certificate the birth of any child attendance upon the mother, Commissioner of Health. In case no other person be in child to report its birth to the Commissioner of midwifery, or should no person or parents of such any such person or persons who shall hereafter fail to comply with the duty of the person above required, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 17 1892
4. Place of Birth, (Street and Number) 930 Mozan Alley
5. Full Name of Mother, Katie M Dredon
6. Mother's Maiden Name,
7. Mother's Birthplace, Eastern shore Md
8. Full Name of Father, James A Baines
9. Father's Occupation, Paving
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Lucy Banish

Address, 2353 Camel Alley

Remarks,

1 8 9 2 0 0 0 3 7 5 5

Note.—The Physician shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

GEO. J. B. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 December 1892
4. Place of Birth, (Street and Number) 935 E Eden St
5. Full Name of Mother, Augusta Kniffen
6. Mother's Maiden Name, Augusta Seibert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Kniffen
9. Father's Occupation machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Christina Lauer

Address, 1059 Hanford Ave

Remarks, 1892 18920003756

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 41604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 27 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of December 1892
4. Place of Birth, (Street and Number) 321 East Madison St
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name, Mary Linnell
7. Mother's Birthplace, Ireland
8. Full Name of Father, Richard Williams
9. Father's Occupation Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1054 Hanford Ave

Remarks, 1892

1892000375 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44403.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20th of Dec 1892
4. Place of Birth, (Street and Number)	# 700 N. German St
5. Full Name of Mother,	Mamie Hoehn
6. Mother's Maiden Name,	Mamie Pury
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank A. Hoehn
9. Father's Occupation,	Trunk-maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N. Poppleton St
Remarks,	1892000 3758

1892

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Dec. 20th 1892
4. Place of Birth, (Street and Number) 1726 Oliver st
5. Full Name of Mother, Josephine M Warner
6. Mother's Maiden Name, " " Primrose
7. Mother's Birthplace, D. C.
8. Full Name of Father, William C Warner
9. Father's Occupation, Jeweller
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway André M D

Address, 1123 E Baltimore st

Remarks,

1892000 3759

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and is the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-17-57

RETURN OF A BIRTH.

A 44457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Belt League pl.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 20 92
4. Place of Birth, (Street and Number) 2035 Bacon St.
5. Full Name of Mother, Mrs Martha Ferry Hilleron League
6. Mother's Maiden Name, Mrs " " Hilleron
7. Mother's Birthplace, Cookstown Ireland
8. Full Name of Father, George Seate League
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. A. Lurk M. D.

Address, 2002 E. Balt. St.

Remarks, Forceps delivery

1892 0003760

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

A 44458.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 20th 1892
4. Place of Birth, (Street and Number)	1 E Lemmon St
5. Full Name of Mother,	Ellenora Dugan
6. Mother's Maiden Name,	" Teidel
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Walter Dugan
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Indianapolis Indiana
Name of Medical Attendant, or other Person who makes this Return.	Mrs K. Cross
Address,	409 So Pappleton St
Remarks,	Balto Md

1892 1 8 9 2 0 0 0 3 7 6 1

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1892

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 day of December 1892
4. Place of Birth, (Street and Number) 1409 Hull St Locust Point
5. Full Name of Mother, Elisabeth Bittner
6. Mother's Maiden Name, Elisabeth Coughlaine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bittner
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 Towson St Locust Point

Remarks,

8 9 2 0 0 0 3 7 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 44460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	Colored
3. *Date of Birth,*	Dec 21 92 Dec 29 92
4. *Place of Birth,* (*Street and Number*)	535 Biddle, al Balto. Md
5. *Full Name of Mother,*	Mrs Julia Rainer
6. *Mother's Maiden Name,*	Conner
7. *Mother's Birthplace,*	Northumberland Co. Va
8. *Full Name of Father,*	Henry Rainer
9. *Father's Occupation,*	Hard Labor
10. *Father's Birthplace,*	Northumberland Co. Va
Name of Medical Attendant, or other Person who makes this Return	Mary G. Holmes
Address,	903 Beach alley Balto Md
Remarks,	

8 9 2 0 0 0 3 7 6 3

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. D 44461.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mar 6 Th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 of December 1892
4. Place of Birth, (Street and Number) Patterson Av No 1215
5. Full Name of Mother, Mary H. Kemper
6. Mother's Maiden Name, Mary H. Keeper
7. Mother's Birthplace, Baltimor Md
8. Full Name of Father, A. G. Kemper
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. A. Wilkson

Address, 1113 Maggie A. Wilkson

Remarks,

1892 0003764

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st December
4. Place of Birth, (Street and Number) 111 Dickman St
5. Full Name of Mother, Winny Fenn
6. Mother's Maiden Name, Winny Loughlin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Fenn
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Christina Lauer

Address, 159 Gusford Ave

Remarks, 1892

1892000376-5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Dec 21st 1893
4. Place of Birth, (Street and Number)	900 Eliford St.
5. Full Name of Mother,	Julia A Kiernan
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	John Kiernan
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mc. Katherine Evans
Address,	409 S. Pappleton Street
Remarks,	E. L. Dist

1892 24

1 8 9 2 0 0 0 3 7 6 6

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

A 4464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 22 1892
4. Place of Birth, (Street and Number) 821 Woodward St.
5. Full Name of Mother, Sarah Grace Reed
6. Mother's Maiden Name, " " Clark
7. Mother's Birthplace, Baltimore Md " "
8. Full Name of Father, Christian Gerber Reed.
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Crane

Address, 104 South Appleton St. Balto Md

Remarks,

1892000376 7

John Murphy & Co., City Printers and Stationers.

Section 7. And be it further enacted, That no burial permit shall hereafter be issued by the Health Officer, or any person acting as such, for the burial of any dead body within the limits of Baltimore City, unless a certificate of birth, stillbirth or death, as the case may be, has been filed with the Health Officer, or unless a permit for burial has been issued by the Health Officer, or unless the Health Officer is satisfied that a certificate of birth, stillbirth or death has been duly made and will be filed with the Registrar of Vital Statistics within the time prescribed by law; and any person who shall violate any of the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than twenty dollars nor more than one hundred dollars, or be imprisoned in the jail of Baltimore City not less than thirty days nor more than six months, or both fine and imprisonment, in the discretion of the court.

Section 8. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of certificates of birth, stillbirth and death, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 9. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 10. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 11. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 12. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 13. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 14. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 15. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

Section 16. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

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Section 18. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

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Section 21. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

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Section 25. And be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank forms of schedules for the return of births, stillbirths and deaths, and shall furnish the same to the Registrar of Vital Statistics, and to such other persons as he may deem necessary; and he shall cause to be printed on the face of each of said blank forms a copy of this section and of the penalties for violation of the same.

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RETURN OF A BIRTH. A 44465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* One Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* A Regular St 23 Dec
4. *Place of Birth, (Street and Number)* Balto 410 A Regular St
5. *Full Name of Mother,* Mary Adams
6. *Mother's Maiden Name,* Mary Bedford
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Gnatheus Adams
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Charles County

Name of Medical Attendant, or other person who makes this Return, Carline Paterson

Address, 101 Jervis St

Remarks, 1892008 Baby Girl

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SOCIETY FILM

RETURN OF A BIRTH. 44466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 23 92
4. Place of Birth, (Street and Number) 2314 E. Fayette St
5. Full Name of Mother, Lora C. Klausmeyer
6. Mother's Maiden Name, Lora C. Powell
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John F. Klausmeyer
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, W. J. Eastwood Jr. M.D.

Address, 1400 E. Broadway

Remarks, 6 A 32 0 3769 W.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4467.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 27 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 December
4. *Place of Birth, (Street and Number)*	114 Hoffman St
5. *Full Name of Mother,*	Annie Penkill
6. *Mother's Maiden Name,*	Annie Browning
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. J. Penkill
9. *Father's Occupation*	Beer Broker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Jones
Address,	1059 Eastern Ave
Remarks,	1892

1 8 9 2 0 0 0 3 7 7 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4468.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race) Black
4. Date of Birth Dec 24 - 1892
5. Place of Birth (Street and Number) 1520 Brunt St
6. Full Name of Mother Clara Lyles
7. Mother's Maiden Name " Robinson
8. Mother's Birthplace Maryland
9. Father's Occupation Chas Lyles
10. Father's Birthplace Laborer
    Maryland

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett, M.D

Address 550 Mosher St

Remarks I did not attend in this case, but was called on by the Col Midwife for this Certificate and Death Certificate 1892 00377 1, as the child died

RETURN OF A BIRTH. 44469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Dec. 24 1921
5. Place of Birth, (Street and Number) 524 S. Bond St
6. Full Name of Mother, Lena W. H. Rau
7. Mother's Maiden Name, Lena W. H. Saupe
8. Mother's Birthplace, Balto Md
9. Full Name of Father, Chas L. Rau
10. Father's Occupation, Sadler
11. Father's Birthplace, Balto. Md
12. Name of Medical Attendant, or other person who makes this Return, F. E. DeRuccel Jr. M.D.
13. Address, # 700 S. Broadway
14. Remarks, Born at 9 A.M.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 27

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-5-59

RETURN OF A BIRTH. 4470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William E. ~~Kline~~ Klinefelter

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Nov. 21st 1892
4. Place of Birth, (Street and Number) 532 N Carrollton Ave,
5. Full Name of Mother, Lulu A Klinefelter,
6. Mother's Maiden Name, Lulu A Williman,
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, William E Klinefelter,
9. Father's Occupation, Mershant,
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return, John C. Strozier, M.D.

Address, 662 W Lexington St.

Remarks, 8920003773

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 4447.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 24-92
4. *Place of Birth, (Street and Number)*	739 E Preston st
5. *Full Name of Mother,*	Ida Donavin
6. *Mother's Maiden Name,*	" Parker
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Michael Donavin
9. *Father's Occupation,*	Penman - Com Office
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D W Cathell Md
Address,	1308 N Charles st.
Remarks,	8920003774

PUB J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44472.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Dec. 25. 1892.
4. Place of Birth, (Street and Number)	839 W. Franklin St.
5. Full Name of Mother,	Maggie J. Hogg.
6. Mother's Maiden Name,	Maggie J. Wilderman.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Chas. W. Hogg.
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Jno. F. Powell M.D.
Address,	2124 St. Paul St.
Remarks,	Child Healthy.

1892 0003775

Health. This schedule shall contain a statement of the [illegible] full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, only signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and [illegible] tures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank Return by the Coroner during the month.
This schedule shall contain a list of the births which have occurred under his or her care during the month.
and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been cu-
ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without
each and every of a physician or practitioner of midwifery, or should no other person be in attendance upon the
the attendance aforesaid thereafter it shall become the duty of the person or persons in attendance upon the
mother. Immediately thereafter to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* December 26 1892
4. *Place of Birth (Street and Number),* 1128 W. Edwards court.
5. *Full Name of Mother,* Eliza Lawson
6. *Mother's Maiden Name,* " Hicks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Lawson
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. J. Edward Neal M. D.

Address, 202 Virginia Ave.

Remarks, Child of #20603776 lived 15 minutes
Cause of death Abscess

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* White Female Baby
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 7 1892
4. *Place of Birth, (Street and Number)* 1210 Ensor St near Center
5. *Full Name of Mother,* Sarah E Parr
6. *Mother's Maiden Name,* Sarah Elizabeth Gough
7. *Mother's Birthplace,* Ginkville Queens ann Co Md
8. *Full Name of Father,* Albert Parr
9. *Father's Occupation,* machinest
10. *Father's Birthplace,* Born Liverpool England

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah A Banks

Address, 1810 North Bond St Baltimore Md

Remarks,

8920003777

Register of such births and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the date of birth, the full name and occupation of parents, the date when the said schedule shall be delivered, duly signed by the attendant or other person who has been conferred) its sex, color, the full name and occupation of parents, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ON. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or a form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Nov 30 - 92
4. Place of Birth, (Street and Number) 907 Ridgely St
5. Full Name of Mother, Minnie E. Faulkner
6. Mother's Maiden Name, " " Dr Schafer.
7. Mother's Birthplace, Balto
8. Full Name of Father, Rubin C. Faulkner
9. Father's Occupation, Carpenter,
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. J. M Lemp Stein M.D.

Address,

Remarks,

0920003778

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 7 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	30th of November
4. Place of Birth, (Street and Number)	314 Forest St
5. Full Name of Mother,	Hana Schäfer
6. Mother's Maiden Name,	Hana Wacker
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Ludwig Schäfer
9. Father's Occupation	Laber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St
Remarks,	

8920003779

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, November 2nd 92.
4. Place of Birth, (Street and Number) #213 Frederick Ave.
5. Full Name of Mother, Mary Balz.
6. Mother's Maiden Name, " J. Hutsler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Nicklaus Balz.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baiern.

Name of Medical Attendant, or other person who makes this Return, Annie Leidner

Address, #106 S. Glenn Ave.

Remarks, 1 8 9 2 0 0 0 3 7 8 0

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44091/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 Cal. Nov.
4. Place of Birth, (Street and Number) 64 Sharp road
5. Full Name of Mother, Magie Eder
6. Mother's Maiden Name, = Edelmann
7. Mother's Birthplace, Ball.
8. Full Name of Father, Charles Eder
9. Father's Occupation
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Carl Av.

Remarks,

18920003781

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2/22
4. Place of Birth, (Street and Number) 719 Biggs Ave.
5. Full Name of Mother, Effie E. Johnson
6. Mother's Maiden Name, Mulvihill
7. Mother's Birthplace, Scotland
8. Full Name of Father, A. L. Johnson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, J. A. Christian M.D.

Address,

Remarks,

1892000378 2

DEC 3 1892

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A HH093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 2d 192
4. *Place of Birth, (Street and Number)*	185 Harrison St.
5. *Full Name of Mother,*	Minnie
6. *Mother's Maiden Name,*	Mendals
7. *Mother's Birthplace,*	Kovna Russ
8. *Full Name of Father,*	Silas Michael
9. *Father's Occupation*	Tin store
10. *Father's Birthplace,*	Kovna Russ
Name of Medical Attendant, or other person who makes this Return,	Pauline Slote
Address,	207 S High St.
Remarks,	1892000 3783

DEC 1892

Every physician or midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 Nov.
4. Place of Birth, (Street and Number) 1232 Eager st
5. Full Name of Mother, Marie Riball
6. Mother's Maiden Name, Zimmermann
7. Mother's Birthplace, Germ.
8. Full Name of Father, Louis Riball
9. Father's Occupation carp.
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Ave.

Remarks,

18920003784

Every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-21-55

44095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Sarah ~~Ginsburg~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 3d 92
4. *Place of Birth, (Street and Number)* 812 E Lombard St
5. *Full Name of Mother,* Esther
6. *Mother's Maiden Name,* Ginsburg
7. *Mother's Birthplace,* Bregman Russ
8. *Full Name of Father,* Mendel Ginsburg
9. *Father's Occupation* Locksmith
10. *Father's Birthplace,* Bregman Russ

Name of Medical Attendant, or other person who makes this Return, Pauline Slote

Address, 207 S. High St

Remarks, 8920003785

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 144096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 Nov.
4. Place of Birth, (Street and Number) 1215 Eager st.
5. Full Name of Mother, Margie Lippisch Huber
6. Mother's Maiden Name,
7. Mother's Birthplace, Balt.
8. Full Name of Father, Louis Lippisch
9. Father's Occupation cutter
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Carl Av.

Remarks, 1892 0003786

Any midwife whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-6-56

RETURN OF A BIRTH. A 44097.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Adam ~~Büttner~~ Jr.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5th 1892
4. Place of Birth, (Street and Number) 1117 Gough Ave
5. Full Name of Mother, Magdalena Büttner
6. Mother's Maiden Name, Fink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Büttner
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. W. Skinner M. D.

Address, Cor Caroline & Eager Sts

Remarks, 1892000 3787

Every midwife, physician or practitioner in midwifery, or other person who shall hereafter take charge of or render assistance during the birth of a child, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9th
4. Place of Birth, (Street and Number) 702 Bank st
5. Full Name of Mother, Sandina Bauchman
6. Mother's Maiden Name, Sandina Miller
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, J. Albert Bauchman
9. Father's Occupation, Hairer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1892 0003788

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank ... hereafter, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births ... have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44099.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 Nov.
4. Place of Birth, (Street and Number) 936 Biddle st
5. Full Name of Mother, Marie Pfeffersac
6. Mother's Maiden Name, = Schaefer
7. Mother's Birthplace, Ball
8. Full Name of Father, John Pfeffersac
9. Father's Occupation = Ball
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

1892000 3789

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th 1892
4. Place of Birth, (Street and Number) 421 N. Carrollton ave
5. Full Name of Mother, Mary Emily Stetz
6. Mother's Maiden Name, Fleeher
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Wm H. Stetz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Daniel D. Fordney

Address,

Remarks, 1530 Hanover Ave

1892 D 250

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the ... or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health. In the event of any such person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44101.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 11. 1892
4. *Place of Birth (Street and Number)* 2229 Guilford Ave.
5. *Full Name of Mother* Aline Walker Hinds
6. *Mother's Maiden Name* Aline Walker
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Isaac Hinds
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this return J. M. Sutton Md
2105 Calvert St

Address

Remarks —

1892 0003791

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 14107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 12 Nov.
4. *Place of Birth, (Street and Number)* 1039 Lanvale st
5. *Full Name of Mother,* Anna Gossman Wirich
6. *Mother's Maiden Name,* Gossman
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Charles Wirich
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return Anna Walker

Address, 928 N. Carl Ave.

Remarks, 1892000379 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44103.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 13th 1892
4. Place of Birth, (Street and Number)	1100 Chesapeake St
5. Full Name of Mother,	Caroline Leipold
6. Mother's Maiden Name,	Christian
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	George F Leipold
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	S. H. Schmidt M. D.
Address,	1501 E. Eager St
Remarks,	8920003793

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between of any child third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child of midwifery, or should no other person of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4404.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child 2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 14 th 1892
4. *Place of Birth, (Street and Number)*	208 Hamburg st.
5. *Full Name of Mother,*	Cristine Reichert
6. *Mother's Maiden Name,*	Bock.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Reichert
9. *Father's Occupation,*	Artist
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	1892000379 4

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* 203 S High St
5. *Full Name of Mother,* Faiga
6. *Mother's Maiden Name,* Greenberg
7. *Mother's Birthplace,* Komisa Russ.
8. *Full Name of Father,* Barnett Greenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Komisa, Russ.

Name of Medical Attendant, or other person who makes this Return, Pauline Slote

Address, 207 S High St.

Remarks, 1892000379 5

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 1/23/68

RETURN OF A BIRTH.

A 44106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GRACE SYLVIA ~~SCHAEFER~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 16 — 1892
4. Place of Birth, (Street and Number) 208 Montgomery st.
5. Full Name of Mother, Sarah Schaefer
6. Mother's Maiden Name, Dewart
7. Mother's Birthplace, America
8. Full Name of Father, William Dewart Schaefer
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. Schwasser midwife

Address, 1032 Hanover st.

Remarks, 1892000379 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-9-57

RETURN OF A BIRTH. A 44407.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Clark ~~Canoles~~ 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 17, 1892. 1.45 A. M.
4. Place of Birth, (Street and Number) 1336 Division St.
5. Full Name of Mother, Mary J. Canoles Clark
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, J. Alphens Canoles
9. Father's Occupation Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Delivered by Dr. Sadtler in absence of Dr. Taneyhill

Address, 1103 Madison Ave.

Remarks, Breech Presentation

1892000 3797

Wm. J. C. Dulany Co., City Printers and Stationers.

...register of such birth, and shall enter the same on blank ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth, and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall happen in the City of ... shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the ... or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and it is hereby made the duty of the mother, within the period above required, to report the birth to the Commissioner of Health, in the manner and with the particulars required by this section, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A44108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 Nov. 1883
4. *Place of Birth, (Street and Number)* Herlings st.
5. *Full Name of Mother,* Barbara Schober = Nichol
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Peter Schober
9. *Father's Occupation* carpenter
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Av.

Remarks, 18920003798

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. 44109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6
2. *Sex, (state whether male or female)* girl
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 17 Nov.
5. *Place of Birth, (Street and Number)* 922 East Ave.
6. *Full Name of Mother,* Magie Tragesen
7. *Mother's Maiden Name,* Petri
8. *Mother's Birthplace,* Ball
9. *Full Name of Father,* John Tragesen
10. *Father's Occupation* carpenter
11. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. East St

Remarks, 1892000379 9

Wm. J. C. Dulany Co., City Printers and Stationers

Baltimore under whose charge or superintendence a birth shall hereaf
register of such birth, and shall enter the same on blank schedule
Health. This schedule shall contain a list of the births which have
month, and shall set forth as far as the same can be ascertained the
been conferred) its sex, color, the full name and occupation of its pa
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter, it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN F A BIRTH A 14410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white rac*	White
3. *Date of Birth,*	Nov 18, 1892
4. *Place of Birth, (Street and Number)*	1436 Johnson st.
5. *Full Name of Mother,*	Mary Tierney
6. *Mother's Maiden Name,*	Mary Trebarger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Tierney
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other pers makes this	M. R. Caskey
Address,	218 E. Heath st
Remarks,	Doing Well.

1892 0 0 0 3 8 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-2-57

RETURN OF A BIRTH 44411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name – ~~Virginia~~ Rosalie

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 19th 1897
4. Place of Birth, (Street and Number) 130 N Chester St
5. Full Name of Mother, Mollie Earth
6. Mother's Maiden Name, Hughes
7. Mother's Birthplace, Harwich Md.
8. Full Name of Father, August P Earth
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Seldner M.D.

Address, 154 E. Baltimore St

Remarks, 1892000380 1

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44117

GIVEN NAME ADDED 2-13-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William a.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 19th 92.
4. Place of Birth, (Street and Number) # 323 Vincent St.
5. Full Name of Mother, Jennie Buchheit
6. Mother's Maiden Name, " Howard.
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Michael Buchheit.
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Lindner

Address, # 1065 S. Monroe St.

Remarks, + 8 9 2 0 0 0 3 8 0 2

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births [illegible] have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4/4/13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall happen in any house or place, shall keep a true and correct register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 20 1892
4. *Place of Birth, (Street and Number)*	1105 Battery Ave
5. *Full Name of Mother,*	Annie Moore
6. *Mother's Maiden Name,*	Annie Mayers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Moore
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. F. Coskery
Address,	213 E. Heath St
Remarks,	Doing Well.

1892 0003803

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 21st 1892
4. Place of Birth, (Street and Number) 1749 N Gay St
5. Full Name of Mother, Mary Louise Wirth
6. Mother's Maiden Name, Zirkle
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Wirth
9. Father's Occupation, Insurance Solicitor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. W. Sodaro M.D.

Address, 1 N Caroline & Lager Pl

Remarks, 1892000038 04

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 144113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29th 1892
4. Place of Birth, (Street and Number) 1304 E. Chase St
5. Full Name of Mother, Annie E. Hellinger
6. Mother's Maiden Name, Herbaut
7. Mother's Birthplace, Lancaster Pa
8. Full Name of Father, Louis J. Hellinger
9. Father's Occupation, Real Estate
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, L. W. Seidner M.D.

Address, 1501 E. Baltimore St

Remarks, 1892000038 05

Wm J C. Dulany Co., City Printers and Stationers.

Register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 1/4/11 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 23rd 1892
4. Place of Birth, (Street and Number) 303 S. Monroe St.
5. Full Name of Mother, Mary Working
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Philadelphia Penna.
8. Full Name of Father, Geo. Franklin Working
9. Father's Occupation, Repairer of Horse cars etc.
10. Father's Birthplace, Frederick Maryland

Name of Medical Attendant, or other person who makes this Return Paul K. Goodenough

Address, 1520 Harlem Ave

Remarks,

8

Dec 1892

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 44417.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 23d 1892
4. Place of Birth, (Street and Number) #2304 Boston st
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, L. Praley
7. Mother's Birthplace, Balto
8. Full Name of Father, Lepas A. Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Wyle Schwatka M.D.

Address, #242 E Lancaster st

Remarks, 18920003807

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 47418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1111 Proctor Alley
4. Place of Birth, (Street and Number) 94 Vow
5. Full Name of Mother, Anna Habigan
6. Mother's Maiden Name, = Gold
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michel Habigan
9. Father's Occupation —
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 921 V. Canal Ave.

Remarks, 1892000380 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

k schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on blank sched
which have occurred under his or her care during the
which he shall contain a list of the births which h
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practicioner of midwifery, it should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 44119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 25, 1892
4. *Place of Birth, (Street and Number)*	1274 William St.
5. *Full Name of Mother,*	Katie Sutton
6. *Mother's Maiden Name,*	Katie Eckerd
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Sutton
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St.
Remarks,	Dorsey Well

1892 0 0 0 3 8 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Nov 25th 92
4. Place of Birth, (Street and Number) 106 Barre st
5. Full Name of Mother, Rachel Kuistner
6. Mother's Maiden Name, Rachel Jarmer (Jarner)
7. Mother's Birthplace, Russia Europe
8. Full Name of Father, Philip Kuistner
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Europe

Name of Medical Attendant, or other person who makes this Return, Rubinstein

Address, 105 Barre st.

Remarks, 1 8 9 2 0 0 0 3 8 1 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 44171.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th-
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White-
3. Date of Birth,	Nov 25th 1892
4. Place of Birth, (Street and Number)	No 614 Forest St-
5. Full Name of Mother,	Elizabeth G Steinberger
6. Mother's Maiden Name,	do do Weegand
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Alexander Steinberger
9. Father's Occupation,	Liquor Dealer-
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other Person who makes this Return	Wm Wathridge
Address,	
Remarks,	

8 9 2 0 0 0 3 8 1 1

"Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 5

LANY & CO., CITY PRINTERS AND STATIONERS

A 44177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 26th 1892

4. Place of Birth, (Street and Number) 110 Perry St

5. Full Name of Mother, Mary Ziegler Bauer

6. Mother's Maiden Name, Balto

7. Mother's Birthplace, Frederick Ziegler

8. Full Name of Father, Kurt Bauer

9. Father's Occupation, Germany

10. Father's Birthplace, S. H. Sellers M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 810 Fayette Carolina Ste

Remarks, 1892000 3812

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 14173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov. 27. 1892
4. *Place of Birth, (Street and Number)*	1507 W. Mulberry St.
5. *Full Name of Mother,*	Carrie S. E. Stewart
6. *Mother's Maiden Name,*	" " Teal
7. *Mother's Birthplace,*	Penna.
8. *Full Name of Father,*	Frank S Stewart
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	

1892000381 3

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 10-11-34

RETURN OF A BIRTH A 44174.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jeannetta Cole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 November 1892
4. Place of Birth, (Street and Number) Bal. Lancaster St. 24-12
5. Full Name of Mother, Emma M. Cole
6. Mother's Maiden Name, Emma M. Burns
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael A. Cole
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Sweeney

Address,

Remarks,

8920003814

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 44125.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Nov 28. 92
5. Place of Birth, (Street and Number) 119 Carroll ave Waverly
6. Full Name of Mother, Mary Schlining
7. Mother's Maiden Name, Mary Kraft
8. Mother's Birthplace, Carroll Co Md.
9. Full Name of Father, William Henry Schlining
10. Father's Occupation, Car Builder
11. Father's Birthplace, Carroll Co Md
12. Name of Medical Attendant, or other person who makes this Return. Anna Harriet Bletsch
13. Address, 114 Old York Rd
14. Remarks,

1892 0003815

DEC 6 1892

The Physician and Midwife in the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 44126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 29 1892. 10.45 P. M.
4. Place of Birth, (Street and Number) 611 E. Biddle St
5. Full Name of Mother, Clara J. Water
6. Mother's Maiden Name, " " Burton
7. Mother's Birthplace, Md.
8. Full Name of Father, George E. Water
9. Father's Occupation Lumber Merchant
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, Prunipera: chod around neck tedious labor. instruments and 8 shtoo form 3816

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 Nov.
4. Place of Birth, (Street and Number) 1234 Leagan st
5. Full Name of Mother, Claire Hagnes
6. Mother's Maiden Name Claire Thabtlow
7. Mother's Birthplace, Balt.
8. Full Name of Father, Williame Hagnes
9. Father's Occupation
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Av,

Remarks,

1892000381 7

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 30 1892

4. *Place of Birth, (Street and Number)* 724 E Lexington St.

5. *Full Name of Mother,* Louise Clark

6. *Mother's Maiden Name,* Battaglia

7. *Mother's Birthplace,* Italy

8. *Full Name of Father,* Charles Clark

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss L Grace

Address, 1917 E Monument St.

Remarks, 1892 0038 18

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 144179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child & kind

1. Sex, (state whether male or female) Mädchen female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30 November

4. Place of Birth, (Street and Number) 1004 Granby Street

5. Full Name of Mother, Dora Viner

6. Mother's Maiden Name,

7. Mother's Birthplace, Europa

8. Full Name of Father, Hertman

9. Father's Occupation Musikaner

10. Father's Birthplace, Europa

Name of Medical Attendant, or other person who makes this Return, Lena Hendler

Address, 1125 Batt St East

Remarks, 8 9 2 0 0 7 3 8 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Nov 30 th 1892
4. *Place of Birth, (Street and Number)*	# 2219 Lexington Str
5. *Full Name of Mother,*	Mrs Ellen Smith
6. *Mother's Maiden Name,*	Miss " Fountain
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Smith
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	1892 0 0 0 3 8 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 9-25-64

A 44131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Edna Marie Keigler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 30th 1892
4. Place of Birth, (Street and Number)	# 2. Hollins St
5. Full Name of Mother,	Mrs Mary Keigler
6. Mother's Maiden Name,	Mrs " Hare
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	William Keigler
9. Father's Occupation	Butcher
10. Father's Birthplace,	Balto Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	1892000382 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

14157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Female ✓
2. Race or Color (if not of the white race),	White ✓
3. Date of Birth,	Nov 30th 1892 ✓
4. Place of Birth (Street and Number),	603 N. Paca St ✓
5. Full Name of Mother,	Kate Estelle Boone ✓
6. Mother's Maiden Name,	K. E. Humphreys ✓
7. Mother's Birthplace,	Baltimore City ✓
8. Full Name of Father,	Geo. Medford Boone ✓
9. Father's Occupation,	Machinist ✓
10. Father's Birthplace,	Talbott Co Md ✓
Name of Medical Attendant, or other person who makes this Return.	James T Donnelly M.D. ✓
Address,	1701 Balto St East
Remarks,	

1892000038 22

The Baltimore Publishing Co., City Printers and Stationers

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-19-55

RETURN OF A BIRTH A 44133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Helen Walkley Irwin
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	F
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Nov 30 1892
4. Place of Birth, (Street and Number)	1420 Bolton St
5. Full Name of Mother,	Mrs Helen Irwin
6. Mother's Maiden Name,	Walkley
7. Mother's Birthplace,	Brooklyn N.Y.
8. Full Name of Father,	Geo L Irwin
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr R. Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

1892 DEC 30

1892000038 23

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 30 1892

4. Place of Birth, (Street and Number) 1746 Bayard st

5. Full Name of Mother, Margareth Greb Kronelbein

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Greb

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Lohwasser midwife

Address, 1032 Hanover st.

Remarks, 1892 0003824

1892

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

144/135.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Set 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 8
4. Place of Birth, (Street and Number) Edmondson Street 1148
5. Full Name of Mother, Annie Patterson
6. Mother's Maiden Name, Annie Patterson
7. Mother's Birthplace, ~~Penn~~ Worchester Co Md
8. Full Name of Father, Charles Henry Patterson
9. Father's Occupation White Washing
10. Father's Birthplace, Baltimore County in 1842

Name of Medical Attendant, or other person who makes this Return, Theodore Cotsmire

Address, 512 W Preston Street

Remarks, 18920003825

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name and occupation in the form of a certificate between the first and month conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been delivered, duly signed by the practitioner in case the birth of any child shall be in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of midwifery, or should no other person or parents of such third day of each and every month of a physician or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance immediately thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-27-56

RETURN OF A BIRTH. A 44136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Irene Mary Fendall 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th 1892
4. Place of Birth, (Street and Number) 1103 Rees st Annex
5. Full Name of Mother, Elizabeth L. Fendall
6. Mother's Maiden Name, " " Abdill
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Edmond H. Fendall
9. Father's Occupation, Confectioner
10. Father's Birthplace, Bark Da-

Name of Medical Attendant, or other person who makes this Return, R. L. Rankin M.D.

Address, 1 Waverly Station

Remarks, 8 9 2 0 0 0 3 8 2 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 11 Nov.
4. Place of Birth, (Street and Number) 1002 Low St
5. Full Name of Mother, Isabel Oppenheimer Lowenthal
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel Oppenheimer
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulfig

Address, 1302 E Lexington

Remarks,

1892000038 27

11

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

This schedule shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14 Nov
4. *Place of Birth, (Street and Number)* 4703 Fairmount ave
5. *Full Name of Mother,* Mary Westcot
6. *Mother's Maiden Name,* Graham
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Isaac Westcot
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 1302 E Lexington st

Remarks,

+ 8 9 2 0 0 0 3 8 2 8

WM J C BULANY CO CITY PRINTERS AND STATIONERS

1898

Health. This schedule shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parent, the date and place of birth, and the sex, color, the full name of each child, if any shall have been conferred; its sex, color, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the physician or midwife, if any such person be in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and form aforesaid. Should no other person be in attendance upon the mother, it shall become the duty of the parent or parents of such child

RETURN OF A BIRTH. A 44139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 Nov
4. *Place of Birth, (Street and Number)* 167 Harrison St
5. *Full Name of Mother,* Annie Otto
6. *Mother's Maiden Name,* " Ranat
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Ozcar Otto
9. *Father's Occupation,* Dyer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 1302 E Lexington St

Remarks,

1892000 3829

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 21 1892
4. *Place of Birth, (Street and Number)* 1813 E. Eager
5. *Full Name of Mother,* Rachel Smith
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William H. Smith
9. *Father's Occupation,* Coal Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D

Address, 1003 N. Broad

Remarks,

1892 0003830

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 Nov.
4. *Place of Birth, (Street and Number)* 1429 Mulliken St
5. *Full Name of Mother,* Ella McClellan
6. *Mother's Maiden Name,* Kirby
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo McClellan
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullrig

Address, 1302 E Lexington

Remarks,

1892 0003831

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. D 44142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23rd 1892
4. Place of Birth, (Street and Number) # 5 Rodes Ave. Annex
5. Full Name of Mother, Cora L. Dawley
6. Mother's Maiden Name, " " Lull
7. Mother's Birthplace, Virginia
8. Full Name of Father, Clt Dawley
9. Father's Occupation, Bar tender
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Rly Rankin M.D

Address, Waverly Station

Remarks, 1892 0003832

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the birth of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ female)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* 24th Nov. 1892.
4. *Place of Birth,* (Street and Number) 2237 E. Fayette St. Baltimore Md.
5. *Full Name of Mother,* Mrs. Martha Jane Snyder
6. *Mother's Maiden Name,* Martha Jane Young.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Edward Philip Snyder
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. T. F. Leonard M.D.

Address, 125 Jackson Square.

Remarks, 1892000 3833

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth, and the name conferred, if any, of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Nov 26-92
4. *Place of Birth, (Street and Number)* 2002 Hollins St
5. *Full Name of Mother,* Daisy Brockway Maxwell McKitrick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* Coleman Riddel Maxwell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. McKitrick M.D.

Address, 89 N. Fulton Ave

Remarks, 1892 00038

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, November 28th 1892
4. Place of Birth, (Street and Number) 607 Warner St
5. Full Name of Mother, Mary Nopper
6. Mother's Maiden Name, Mary Zang
7. Mother's Birthplace, Newbern N.C.
8. Full Name of Father, George Nopper
9. Father's Occupation, Machinist
10. Father's Birthplace, Cincinnati. Ohio

Name of Medical Attendant, or other person who makes this Return Amanda Timmis, M.D.

Address, 871 Harlem Ave

Remarks, (Twins. Girl born first)

8 2 0 0 3 8 3 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 23rd 1892
4. *Place of Birth, (Street and Number)*	1236 Bayard St
5. *Full Name of Mother,*	Mildred A. Seibel
6. *Mother's Maiden Name,*	Mildred A. Richardson
7. *Mother's Birthplace,*	Orange Co. Virginia
8. *Full Name of Father,*	Augustus Seibel
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Norfolk, Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Sarah Walters
Address,	1218 Bayard St
Remarks,	Satisfactory

1892000383 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 7447.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, November 28th 1892
4. Place of Birth, (Street and Number) 607 Warner St
5. Full Name of Mother, Mary Stopper
6. Mother's Maiden Name, Mary Zang
7. Mother's Birthplace, Newbern N.C.
8. Full Name of Father, George Stopper
9. Father's Occupation, Machinist
10. Father's Birthplace, Cincinnati, Ohio

Name of Medical Attendant, or other person who makes this Return Samuel J. Norris, M.D.

Address, 871 Hanlan Ave

Remarks Twin, boy, born 2 o'clock 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RIVER NAME ADDED 4-22-56

RETURN OF A BIRTH. A 44148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Louise Benson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov 28 1892
4. Place of Birth, (Street and Number) #30 St. Anns Ave Canton
5. Full Name of Mother, Florance A Benson
6. Mother's Maiden Name, " Gladman
7. Mother's Birthplace, Washington D C.
8. Full Name of Father, William H. Benson
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly station

Remarks, 1892 0003838

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 28, 92
4. Place of Birth, (Street and Number) 1721 Edmondson Ave
5. Full Name of Mother, Nannie L Bateman
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Md
8. Full Name of Father, Wm L Bateman
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. Mc. Hunter

Address, 1002 Edmondson Ave

Remarks, 1892 0003839

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 14150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov. 29 1892
4.	*Place of Birth, (Street and Number)*	1127 E. Chase
5.	*Full Name of Mother,*	Emma L. Davis
6.	*Mother's Maiden Name,*	" " Bell
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Wm H. Davis
9.	*Father's Occupation,*	Car Inspector
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Theodore Curtis Hill
	Address,	914 N. Charles St.
	Remarks,	

1892000384 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 30 - 1892
4. *Place of Birth, (Street and Number)*	# 2725 Hudson st
5. *Full Name of Mother,*	Mary Cooney
6. *Mother's Maiden Name,*	Holston
7. *Mother's Birthplace,*	Ira Land
8. *Full Name of Father,*	Michal Cooney
9. *Father's Occupation,*	Rail Roader
10. *Father's Birthplace,*	Ira Land
Name of Medical Attendant, or other person who makes this Return,	Sarah P Harrington
Address,	N. 27 Birney a
Remarks,	1892000884

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and residence of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, or practitioner of midwifery, or should no other person be in attendance with the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 4457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 Nov
4. Place of Birth, (Street and Number) 10 S. Washington
5. Full Name of Mother, Blanch Knabe
6. Mother's Maiden Name, " Rowe
7. Mother's Birthplace, Balto. Co
8. Full Name of Father, ~~Balto~~ Adam Knabe
9. Father's Occupation, Police
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrig

Address, 1802 E Lexington St

Remarks,

1892000384 2

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st 1899
4. Place of Birth, (Street and Number) 1411 Fayette St
5. Full Name of Mother, Lelia Evard
6. Mother's Maiden Name, Lelia Lane
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred Evard
9. Father's Occupation, Watch maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Ifsenguth

Address, 543 N Gilmor St

Remarks, 1 0 9 2 0 0 0 3 8 4 3

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 2 - 1892
4. Place of Birth, (Street and Number) 409 N. Edmond
5. Full Name of Mother, Catherine E. Hagner
6. Mother's Maiden Name, " " Small
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph C. Hagner
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edward P. McDevitt

Address, 208 Lanvale St

Remarks, 1892000384

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	November 2nd 1892
4. *Place of Birth, (Street and Number)*	1330 Stockton St
5. *Full Name of Mother,*	Mary Kelly
6. *Mother's Maiden Name,*	Mary McCarmie
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fred Kelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Wessenauer
Address,	543 McCulloh St
Remarks,	1892 0003845

Nos. 1 to 10 inclusive to be filled up as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 74136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c:)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 2. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Minnie Ryan
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	L. A. Hems M. D
Address,	1520 Druid Hill Ave
Remarks,	1892000038 46

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Fifth child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	November 4th 1893
4.	*Place of Birth, (Street and Number)*	1807 Falls Road
5.	*Full Name of Mother,*	Katie Mack
6.	*Mother's Maiden Name,*	Katie Zapffner
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Adam Mack
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Beaugeche
	Address,	543 N. Caroline St
	Remarks,	1892000384 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 44158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col'd
3. Date of Birth,	Nov 4th 92
4. Place of Birth, (Street and Number)	Mt Hygeia Hospital "817 Linden ave
5. Full Name of Mother,	Martha Brindley
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md
8. Full Name of Father,	Not known
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. F. Crouch, M.D. Eaton & Wilcox
Address,	
Remarks,	1892000384 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

DEC 10 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7/92
4. Place of Birth, (Street and Number) 2038 Clifton Ave
5. Full Name of Mother, Lizzie Hunter
6. Mother's Maiden Name, Lizzie Bayers
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Ed Hunter
9. Father's Occupation Milkman
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A Cole

Address, 2038 Madison Ave

Remarks, 1892000038 49

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8, 1892
4. *Place of Birth, (Street and Number)*	128 Hanwood Ave
5. *Full Name of Mother,*	Mary E. Cautieri
6. *Mother's Maiden Name,*	" " Purnell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Francis P. Cautieri
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Edward W. Dodd
Address,	2, Fairmount Ave
Remarks,	

1892 DEC

1892000385 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 9. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Annie Carr
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	C. C. Saddler M D
Address,	2100 David Kirk Ave
Remarks,	1892000385 1

Every midwife shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 10th 92
4. Place of Birth, (Street and Number) Md Lying in Hospital "11 Linden Ave
5. Full Name of Mother, Lucie Hebert
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. F. Crouch M.D. Cor. Wilson

Address,

Remarks, 1892000385 2

Wm J C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of Schedule A, to the Registrar between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4416 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th 92
4. Place of Birth, (Street and Number) Lying in Hospital 817 Linden Ave
5. Full Name of Mother, Jennie Black
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Not Known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch, M.D. Lying in Hospital

Address,

Remarks, 1892000 3853

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Col'd
3.	*Date of Birth,*	Nov 12/92
4.	*Place of Birth, (Street and Number)*	21 N Bruce St
5.	*Full Name of Mother,*	Katie Shipley
6.	*Mother's Maiden Name,*	Katie Woodland
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Ed Shipley
9.	*Father's Occupation,*	Lab.
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	Jane Woodland
	Address,	
	Remarks,	

1892

1892 00038 54

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

44165.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13th 92
4. Place of Birth, (Street and Number) Md Lying in Hospital 817 Linden Ave
5. Full Name of Mother, Laura Humphrey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, } Not known
9. Father's Occupation, }
10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch, M.D. Eager & Wilson

Address,

Remarks, 1892000 3855

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 14th 92
4. Place of Birth, (Street and Number)	Church Home Hospital 817 Linden Ave
5. Full Name of Mother,	Lucy Tyson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md
8. Full Name of Father,	Not known
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. F. Crouch M.D.
Address,	Eager & Wilcox
Remarks,	1892000385 6

Every Physician, Midwife, or other person who shall assist at the birth of any child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 74187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 16th 1892
4. *Place of Birth, (Street and Number)*	211 Paca St
5. *Full Name of Mother,*	Lizzie Walsh
6. *Mother's Maiden Name,*	Lizzie Bricker
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Edward Walsh
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs B Mesenzeal
Address,	643 W Pratt
Remarks,	1892000385 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 18 1892

4. Place of Birth, (Street and Number) 638 Hoffman St

5. Full Name of Mother, Katie Lambert

6. Mother's Maiden Name, Katie Weber

7. Mother's Birthplace, Balto

8. Full Name of Father, William Lambert

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Wesenzehl

Address, 543 M C "

Remarks, 1892 0003858

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Emma Wilson
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	S. E. Keene M. D.
Address,	1520 Druid Hill Ave
Remarks,	1892 0003859

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 10 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 20. 1892
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Eva Stout
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Not Known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	L. J. Thoens M. D.
Address,	1520 Druid Hill Ave
Remarks,	1892000386 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 24 1892

4. Place of Birth, (Street and Number) 13 N. Broadway

5. Full Name of Mother, Cynthia May Schuchmann

6. Mother's Maiden Name, Adel Gumm

7. Mother's Birthplace, Louis May

8. Full Name of Father, Frederick

9. Father's Occupation, Rheim Germany

10. Father's Birthplace, Edward Baldwin

Name of Medical Attendant, or other person who makes this Return,

Address, 2 E Lexington St

Remarks,

1892000038 61

Wm J C. Dulany Co., City Printers and Stationers.

Health.—This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 44177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 24/92
4. Place of Birth, (Street and Number) 426 E. Eager St
5. Full Name of Mother, Hattie Kidd
6. Mother's Maiden Name, Hattie Rogers
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Alexander Kidd
9. Father's Occupation Railroad
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Ave

Remarks, 1892000038 62

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Mayor and City Council of Baltimore have ordained that the Commissioner of Health shall have the power to make such rules and regulations as he may deem necessary for the protection of the public health, and that every physician or midwife who shall attend upon any case of birth within the city of Baltimore shall, within ten days after the birth of any child, report the same to the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OCT 1892

RETURN OF A BIRTH. 44173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (second).

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25th 1892
4. Place of Birth, (Street and Number) 1433 No. Eldon St
5. Full Name of Mother, Maggie Kelly
6. Mother's Maiden Name, Connelly
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Michael V. Kelly
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks, Instrumental.

1892 0003863

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44174.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 25 th 1892
4. Place of Birth, (Street and Number)	860 N Howard St
5. Full Name of Mother,	Lizzie Barger
6. Mother's Maiden Name,	Lizzie England
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Barger
9. Father's Occupation,	Clothing Cutter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs A Wearmouth
Address,	643 Mc Henry St
Remarks,	1892 0003864

been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

A 4476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 25th 1892
4. *Place of Birth, (Street and Number)* 415 Moore's Alley
5. *Full Name of Mother,* Bertha Moody
6. *Mother's Maiden Name,* Bertha Moody
7. *Mother's Birthplace,* Broad Creek Neck Talbot Co. Md.
8. *Full Name of Father,* August Caldwell
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bayside Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M.D.

Address, 220 W. Franklin St

Remarks, 1892000038 65

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any court of competent jurisdiction.

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 10-25-27

RETURN OF A BIRTH. A 4476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John W. Roberts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Nov 26th 1892.
4. Place of Birth, (Street and Number) 605 S. Howard st
5. Full Name of Mother, ~~Roberts~~, Hester ~~Robert~~
6. Mother's Maiden Name, Roberts, Hester ~~Robson~~
7. Mother's Birthplace, Accomac county va
8. Full Name of Father, Henry ~~Roberts~~
9. Father's Occupation, Laborer
10. Father's Birthplace, Sumner Co Tenn

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall st

Remarks, Bal Five dollars

189200 3866

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

SAFETY FILM

KODAK D S

CERTIFICATE AMENDED 4/15/62 A BIRTH. 44177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CORNELIA MOORE

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	Nove 26 th 1892
4.	*Place of Birth, (Street and Number)*	844 Sharp st
5.	*Full Name of Mother,* CORNELIA MOORE	~~Cornelia moore~~
6.	*Mother's Maiden Name,* CORNELIA NIXSON	~~Cornelia Nixson~~
7.	*Mother's Birthplace,* NORTH CAROLINA	~~North Carlines~~
8.	*Full Name of Father,*	John ~~moore~~/MOORE
9.	*Father's Occupation,* LABORER	~~Laborer~~
10.	*Father's Birthplace,* NORTH CAROLINA	~~North Carlines~~
	Name of Medical Attendant, or other person who makes this Return,	Charlottie Williams
	Address,	910 Seaden - Hall St
	Remarks,	first dollard

1892 0003867

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health on the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or licensed midwife, the person or parents of such attendance upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 14178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26 1892
4. Place of Birth, (Street and Number) 126 Hudson Avenue
5. Full Name of Mother, Lennie Turk
6. Mother's Maiden Name, " Foy
7. Mother's Birthplace, Genoa Feb York.
8. Full Name of Father, Conon Turk
9. Father's Occupation, Merchant.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edward J. McArdle
Address, 708 Washington ave

Remarks,

1892000 3868

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation (of its parents, if known), the date and place of birth, and the name of the physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26. 1892
4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum
5. *Full Name of Mother,* Louis Beck
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, J. C. Leitheiser Jr. M.D

Address, 1327 W. Fayette St.

Remarks, 1892000 3869

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

14180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 26/92
4. *Place of Birth, (Street and Number)* North ave
5. *Full Name of Mother,* Bessie E Crawford
6. *Mother's Maiden Name,* Bessie E Flynn
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm J. Crawford
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. A C Rose

Address, 2038 Madison Ave

Remarks, 1892 0003870

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4418.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	Nov 27 th 1892
4.	*Place of Birth, (Street and Number)*	2 1/2 York St
5.	*Full Name of Mother,*	Sarah Joynes
6.	*Mother's Maiden Name,*	Sarah Croxtar
7.	*Mother's Birthplace,*	Northumberland Co Va
8.	*Full Name of Father,*	Thomas Joynes
9.	*Father's Occupation,*	Porter
10.	*Father's Birthplace,*	Accomac Va
	Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
	Address,	910 Leaden Hall St
	Remarks,	fine dollars.

1892 003871

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

4418?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles William Farley

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28th 1892

4. Place of Birth, (Street and Number) 1205 Falls Road

5. Full Name of Mother, Margaret Farley

6. Mother's Maiden Name, Margaret Miller

7. Mother's Birthplace, Balto

8. Full Name of Father, William G (Charles) Farley

9. Father's Occupation, Plasterer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A Hanzell

Address, 542 N Eutaw St

Remarks, 1892000387 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 28 th 1892
4. Place of Birth, (Street and Number) 603 George St
5. Full Name of Mother, ~~Lizzie~~ Hattie Lilly
6. Mother's Maiden Name, Hattie Waltz
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Lilly
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Wesenfelt

Address, 543 N E Lyndon Ave

Remarks, 1892000 3073

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4484.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Nov 28/92
4. *Place of Birth, (Street and Number)*	510 Vincent
5. *Full Name of Mother,*	Lizzie Smith
6. *Mother's Maiden Name,*	Lizzie Smith
7. *Mother's Birthplace,*	Md Bucks
8. *Full Name of Father,*	Henry Williams
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md Bucks
Name of Medical Attendant, or other person who makes this Return,	Jane Maddox
Address,	
Remarks,	

1892000387 4

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Nov. 27. 92
4. Place of Birth, (Street and Number) 507 S. Collington Ave.
5. Full Name of Mother, Mrs. Emma Ballance Brambole
6. Mother's Maiden Name, Mrs. " " Crane
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Thos Alexander Cole
9. Father's Occupation, Iron Worker
10. Father's Birthplace, Alexandria Va.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Purple Balt. Md.

Address, 1000 E. Baltimore St.

Remarks, Natural delivery

89 20003875

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* November 2 1892
5. *Place of Birth, (Street and Number)* Baltimore City M.D.
6. *Full Name of Mother,* Georgiana Tyre
7. *Mother's Maiden Name,* Georgiana [illegible] Hall
8. *Mother's Birthplace,* Baltimore City
9. *Full Name of Father,* Daniel Thomas Tyre
10. *Father's Occupation* Hod, carrying
11. *Father's Birthplace,* Dalmatia Medina Co. N.Y.
12. *Name of Medical Attendant, or other person who makes this Return,* Mrs Elizabeth Hicks
13. *Address,* Carroll P.O. Baltimore City M.D.
14. *Remarks,* 8720023876

Nov 12 1892

The child must be registered within ten days after birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Starsoneck

5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29th November 1892
4. Place of Birth, (Street and Number) 28 Carrollton Ave
5. Full Name of Mother, Lulu Starsoneck
6. Mother's Maiden Name, Lulu Cosgrove
7. Mother's Birthplace, New York
8. Full Name of Father, Frank Starsoneck
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Miss Elizabeth Hicks

Address, 3-2 [illegible] Mt Vernon Post Office

Remarks, 4 at Healthy child

89 2 0 0 0 3 8 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	
4. *Place of Birth, (Street and Number)*	vincent alley 16
5. *Full Name of Mother,*	Mary Tyson
6. *Mother's Maiden Name,*	Mary Dutton
7. *Mother's Birthplace,*	Carroll Country
8. *Full Name of Father,*	Henry Tyson
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other Person who makes this Return	Eliza Foster
Address,	16 00 vincent alley
Remarks,	Well

C 9 2 0 0 0 3 8 7 5

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

W & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred ... his or her care during the month, and shall set forth as far as the same can be ascertained the full name ... child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date ... place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Nov 19. 1892
4. Place of Birth (Street and Number),	612 Hollins st
5. Full Name of Mother,	Annie M. Shaw
6. Mother's Maiden Name,	Eastman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Chas W Shaw
9. Father's Occupation,	Traveling Salesman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Edward H. Condon MD
Address,	1403 W Fayette st
Remarks,	1892 0003879

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

44190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Nov 24 1892
4. Place of Birth (Street and Number),	60 Garrison Lane
5. Full Name of Mother,	Kate Walpers
6. Mother's Maiden Name,	Long
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Walpers
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Edward H London M.D
Address,	1403 W Fayette St
Remarks,	1892U003880

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no [illegible] person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) f male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Nov (1894)
4. Place of Birth, (Street and Number) 922 Canby St.
5. Full Name of Mother, Magdalene Wolf.
6. Mother's Maiden Name, — single
7. Mother's Birthplace, Bavaria
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Mrs G. Meier.

Address, 2524 Lancaster St

Remarks,

1 8 9 2 0 0 0 3 8 8 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... certificate between the first and third day of each and every month to the office of the Commissioner of Health. ... shall occur without the attendance of a physician or practitioner ... the birth of any child attendance upon the mother, immediately thereafter it shall be the duty of the ... person or parents of such child to report its birth to the Commissioner of Health. In ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offence, to be recovered as ...

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest Christian Yahle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 2 - 1892
4. *Place of Birth, (Street and Number)*	5 E Barney St
5. *Full Name of Mother,*	Henrietta Yahle
6. *Mother's Maiden Name,*	Henrietta Yahle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Yahle
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1533 Light St
Remarks,	GIVEN NAME ADDED 3-31-54 Dr. Brooks

8 A.M. 0 0 0 3 8 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 1 - 92

4. Place of Birth, (Street and Number) 1531 Fulton Ave

5. Full Name of Child, Maggie V. Morris

6. Mother's Maiden Name, E. " Indis

7. Mother's Birthplace, Philad.

8. Full Name of Father, E. J. Morris

9. Father's Occupation, Clerk

10. Father's Birthplace, Del

Name of Medical Attendant, or other person who makes this Return, D. F. Frey

Address, 2414 Ashland Ave

Remarks,

RETURN OF A BIRTH. A 44777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mute
3. Date of Birth, Dec 1 / 97
4. Place of Birth, (Street and Number) 606 S. Bond St
5. Full Name of Mother, Olga Sunstone
6. Mother's Maiden Name, Olga Rose
7. Mother's Birthplace, Germany
8. Full Name of Father, Samson Sunstone.
9. Father's Occupation, Mariner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. Fleischmann M.D.

Address, 700 S. Broadway

Remarks, Bond 3588 A. M.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 44278

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 12 1892
4. Place of Birth, (Street and Number) 2207 East Lombard Street
5. Full Name of Mother Mary Loretto Russell
6. Mother's Maiden Name " " Darragh
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph E. Russell
9. Father's Occupation Real Estate
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James L. McShane

Address 720 E. Pattersons Park Ave.

Remarks

8 9 2 0 0 0 3 8 8 5

RETURN OF A BIRTH 44779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1st of December 1892 born at four O.clock
4. Place of Birth, (Street and Number) No 17 North Dallas st
5. Full Name of Mother, Laura P Trent
6. Mother's Maiden Name, Laura P Trent
7. Mother's Birthplace, Fairmount Summerset County
8. Full Name of Father, Robert Baker
9. Father's Occupation, Waitress
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Henson

Address, 3142 Dallas St

Remarks,

6920003886

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 1st 92.
4. *Place of Birth, (Street and Number)*	1426 E. Chester.
5. *Full Name of Mother,*	Clara Gunder
6. *Mother's Maiden Name,*	Clara Wagner
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John F. Gunder
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	H. A. Hayes M.D.
Address,	1019 E. Eutaw St.
Remarks,	18920003887

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. O. GILDEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1. Dec
4. *Place of Birth, (Street and Number)* 522 Eager St
5. *Full Name of Mother,* Mary A Hochrank
6. *Mother's Maiden Name,* Mary A Staly
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Joseph L Hochrank
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Quinkenbush

Address, No 506 N. Haigh St.

Remarks,

8 9 2 0 0 0 3 8 8 8

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 44787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 R
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 1" 92
4. *Place of Birth, (Street and Number)*	178 Johns alley
5. *Full Name of Mother,*	Alice Hillson
6. *Mother's Maiden Name,*	Alice Moody
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Charles E Hillson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City Md
Name of Medical Attendant, or other person who makes this Return.	Albert B Hodel M D
Address,	1143 Park ave
Remarks,	Balt Md

8920003889

The Mother of each child born alive in this City, or her husband, or the nearest relative present at the birth, or in case the Mother has no relative present, the owner or agent of the premises where the birth occurs, or the person in charge thereof, shall cause the birth of such child to be registered within ten days after the birth, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. E. SULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4283.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 92
4. *Place of Birth, (Street and Number)*	930 Greenmount Av.
5. *Full Name of Mother,*	Kate Wooden
6. *Mother's Maiden Name,*	" Kenny
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Thos. Wooden
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	721 Preston St
Remarks,	8920003890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 1st 1892.
4. *Place of Birth, (Street and Number)*	1220 Argyle Ave.
5. *Full Name of Mother,*	Catharine Hesson
6. *Mother's Maiden Name,*	Catharine Webb
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Charles E Hesson
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John L Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	18920003891

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 1 1892
4. Place of Birth, (Street and Number) No. 1831 Harford ave.
5. Full Name of Mother, Birdie Scroggs
6. Mother's Maiden Name, Birdie Barbour.
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Scroggs
9. Father's Occupation, Butter Dealer.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell, M. D.

Address, 1341 Harford ave.

Remarks, 8920003892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 1st 1892
4. *Place of Birth, (Street and Number)*	# 2625 Franklin Ste
5. *Full Name of Mother,*	Mrs Mollina Mays
6. *Mother's Maiden Name,*	Mrs " Hilton
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Frederick Mays
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Ste
Remarks,	8 9 2 0 0 0 3 8 9 3

DEC 5 1892

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec
4. *Place of Birth, (Street and Number)* 510 East 11
5. *Full Name of Mother,* Sarah Wegar
6. *Mother's Maiden Name,* " Robit
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Samuel Wegar
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Roland

Name of Medical Attendant, or other person who makes this Return, Mrs R Miller

Address, 1302 E Lexington St

Remarks,

8920003894

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If it shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	December 1 1892
4.	*Place of Birth, (Street and Number)*	518 Bruce st
5.	*Full Name of Mother,*	Mollie Bichy
6.	*Mother's Maiden Name,*	Mollie Reiley
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Charles E. Bichy
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
	Address,	23 N. Poppleton St
	Remarks,	18920003895

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 20 1892
4. Place of Birth, (Street and Number) 1641 Lanman St
5. Full Name of Mother, Sarah L Hooker
6. Mother's Maiden Name, " Sedgeplan
7. Mother's Birthplace, Carolina Co Ma
8. Full Name of Father, Chas F. Hooker
9. Father's Occupation, Carpenter
10. Father's Birthplace, Carroll Co Ma

Name of Medical Attendant, or other person who makes this Return. Truman F Kilbourn

Address,

Remarks, Please be kind enough to send me a book of birth returns Respectfully Truman F Kilbourn

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO'S CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 2 1892
4. *Place of Birth, (Street and Number)*	652 W Franklin St
5. *Full Name of Mother,*	Emma La De Rue
6. *Mother's Maiden Name,*	n Funk
7. *Mother's Birthplace,*	Hagerstown Maryland
8. *Full Name of Father,*	James A. DeRue
9. *Father's Occupation,*	
10. *Father's Birthplace,*	New York
Name of Medical Attendent, or other person who makes this Return.	Martin Bruen M D
Address,	1106 McCulloh Street
Remarks,	

8920003897

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec. 2. 1892
4.	*Place of Birth, (Street and Number)*	1509 S. Charles
5.	*Full Name of Mother,*	Alice Mogg
6.	*Mother's Maiden Name,*	Hall
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Charles H. Mogg
9.	*Father's Occupation,*	Fireman
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Thurber Corkran M.D.
	Address,	914 N. Charles St.
	Remarks,	

8920003898

Whoever shall wilfully neglect or refuse to make a return of any birth as herein set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 44792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 2nd 1892
4. Place of Birth, (Street and Number) 701 N. Central Ave.
5. Full Name of Mother, Almira Norris
6. Mother's Maiden Name, " Scroggs
7. Mother's Birthplace, City
8. Full Name of Father, James F. Norris
9. Father's Occupation, Porter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks, 8920003899

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 44293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 2d
4. *Place of Birth, (Street and Number)* 1902 Hollins St
5. *Full Name of Mother,* Sarah B. Locke
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Dundee, Scotland
8. *Full Name of Father,* Ignatius W. Locke
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Lanarkshire, Scotland

Name of Medical Attendant, or other person who makes this Return Jos. C. Wunder, M.D.

Address, 1095 W. Baltimore St.

Remarks, L.O.L. #

8920003900

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 14792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	F.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	2 Dec. 1892
4. *Place of Birth, (Street and Number)*	707 Dolphin st,
5. *Full Name of Mother,*	Louvey Naylor,
6. *Mother's Maiden Name,*	McCoo,
7. *Mother's Birthplace,*	Wilmington, Del,
8. *Full Name of Father,*	Thos. N. Naylor,
9. *Father's Occupation,*	Prop. Monumental Carpet Cleaning Co
10. *Father's Birthplace,*	near Wilmington, Del
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W Fayette
Remarks,	8920003901

1892 2581

Whoever shall neglect to make the return of a birth as required by this section, or shall refuse or neglect to furnish such information as he may possess concerning any birth upon the request of the Commissioner of Health, or his duly authorized agent, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty dollars for each offence. The Commissioner of Health shall cause to be printed a sufficient number of blank forms for the returns required by this section, and shall furnish the same to the physicians, midwives and other persons required to make such returns. Such blank forms shall contain such questions as will secure full and correct returns of the births required to be registered, and shall be printed on good paper, and in such form as to be conveniently filled out with pen and ink. Such blank forms shall be furnished by the Commissioner of Health to any person applying for the same. Every physician, midwife or other person who shall attend upon any birth shall, within ten days after such birth, write out and forward to the Commissioner of Health, in the manner prescribed by him, a return of such birth, containing the information required by this section to be registered, so far as the same can be ascertained. The full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 15 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Dec 2nd 1892

4. Place of Birth, (Street and Number) " 2004 Wilhelm St

5. Full Name of Mother, Mrs Ella Bonsall

6. Mother's Maiden Name, Miss " Hall

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles Bonsall

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Hilbert

Address, 2127 W Balto St

Remarks, 8 9 2 0 0 0 3 9 0 2

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...ounty, who shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 2, 1892.
4. *Place of Birth, (Street and Number)* No. 804 N. Bond st
5. *Full Name of Mother,* Emma Brian
6. *Mother's Maiden Name,* Emma Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Brian
9. *Father's Occupation,* Iron Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. A. A. Elwell, M.D.

Address, 1741 Harford ave.

Remarks,

8 9 2 0 0 0 3 9 0 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 December th 2 1892
4. Place of Birth, (Street and Number) 730 German st
5. Full Name of Mother, Anna Callaghan
6. Mother's Maiden Name, Any Borgelli
7. Mother's Birthplace, Little Town Pannava
8. Full Name of Father, Harry Gilmore Callaghan
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 d Poppleton st

Remarks, 8920003904

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said schedule shall be delivered, duly signed by the physician or midwife, to the Registrar of the district in which the birth occurred, within the first ten days of each and every month; and the Commissioner of Health shall cause to be delivered to every physician or midwife in Baltimore City, who shall have returned a birth during the month, a certificate of the number of births returned by him during the month, and the third day of each and every month to the office of the Commissioner of Health. In case the first and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44298.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2 December 1892

4. Place of Birth, (Street and Number) Bank at city Dusal Allen

5. Full Name of Mother, Sue Avalon Straus

6. Mother's Maiden Name, Avalon

7. Mother's Birthplace, Isaac Allen

8. Full Name of Father, Coal Trimmer

9. Father's Occupation, Baltimore city

10. Father's Birthplace, Cornelia Allen

Name of Medical Attendant, or other person who makes this Return, 1407 Nicholson st

Address,

Remarks, 1 8 9 2 0 0 0 3 9 0 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

CITIZEN NAME ADDED 2-17-55

RETURN OF A BIRTH. A 44799

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alice Josephine Freitag 2 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 2 nd 1892
4. Place of Birth, (Street and Number) 406 Sharp st.
5. Full Name of Mother, Katie Freitag
6. Mother's Maiden Name, Bentner
7. Mother's Birthplace, Amerika
8. Full Name of Father, Phillip Freitag
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, A. Schwarzke midwife

Address, 1032 Hanover st.

Remarks, 8 9 2 0 0 0 3 9 0 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (~~state whether male~~ or female)*
2. *Race or color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* Dec. 2/892
4. *Place of Birth, (Street and Number)* 2230 Orleans St
5. *Full Name of Mother,* Minnie Hanfenberger
6. *Mother's Maiden Name,* " Ulrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Hanfenberger
9. *Father's Occupation,* Teamster Union Transfer Co
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Alex A Hartzler M.D.

Address,

Remarks, 8920003907

been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 14301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 2d, 1892
4. Place of Birth, (Street and Number) No. 1746 Orleans St
5. Full Name of Mother, Mrs. Margaret Virginia Kneeback
6. Mother's Maiden Name, Miss Margaret V. Myers
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Fredrick Kneeback
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendenen, M.D.

Address, 201 North Broadway

Remarks,

8920003908

All births shall be registered as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the proper informer in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 2/92
4. *Place of Birth, (Street and Number)*	1613 Lafayette av
5. *Full Name of Mother,*	Lizzie Schobel
6. *Mother's Maiden Name,*	L. Linnott
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Schobel
9. *Father's Occupation,*	Bookbinder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Simms M.D
Address,	1501 Pulaski
	Baltimore
Remarks,	1892000 3909

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
sician or practitioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Healt
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence, to

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2.2d. December

4. Place of Birth, (Street and Number) Argyle ave #1013

5. Full Name of Mother, Elizabeth Bond

6. Mother's Maiden Name, Elizabeth Wesson

7. Mother's Birthplace, North Carolina

8. Full Name of Father, Henry Bond

9. Father's Occupation, Laboring

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Sebastian Cook

Address, #. 740 Bradly st

Remarks, 8920003910

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, ~~&c.~~) 3 - 2 boys 1 girl

1. ~~Sex, (state whether male or female)~~ female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 3 Dec 92 ½ 10 o'clock
4. Place of Birth, (Street and Number) 811 Shuter Street
5. Full Name of Mother, Schaslotta Davis
6. Mother's Maiden Name, ——— Goss
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John - Davis
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 813 Shuter Balto City

Remarks, 8920003911

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd December 1892
4. *Place of Birth, (Street and Number)* 1525 Clement Street
5. *Full Name of Mother,* Annie Copeland
6. *Mother's Maiden Name,* Annie Lovegat
7. *Mother's Birthplace,* Stafford. England
8. *Full Name of Father,* Thomas Copeland
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Stafford. England

Name of Medical Attendant, or other person who makes this Return. James Capes

Address, 1353 Hull Stred, Locust Point City

Remarks, 8920003912

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Kilver
1. *Sex, (state whether male or female)*	Knabe
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	den 3 Dezember 1892
4. *Place of Birth, (Street and Number)*	Josef Str No. 1618
5. *Full Name of Mother,*	E. Kamer
6. *Mother's Maiden Name,*	" Shaler
7. *Mother's Birthplace,*	" Baltimore
8. *Full Name of Father,*	John Kamer
9. *Father's Occupation,*	Taylor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Maria Anna Mayer Biddle St. 1933
Remarks,	8920003913

ascertained the full name of each child, if any shall have
tion of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practitioner
attendance upon the mother. Immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offense, to be recov-
month, and shall set forth as far as the same can be ascertained

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RETURN OF A BIRTH

44307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ *&c.)*	
1. *Sex, (state whether male* ~~or female~~*)*	
2. *Race or Color,* (~~if not of~~ *the white race)*	
3. *Date of Birth,*	December 3rd 1892
4. *Place of Birth, (Street and Number)*	No 1106 E Pratt st
5. *Full Name of Mother,*	Ida Hornick
6. *Mother's Maiden Name,*	" Beckwith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Hornick
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	I Ridgway André M D
Address,	1123 E Balto. St
Remarks,	

8920003914

The following shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 3rd 1892.
4. *Place of Birth, (Street and Number)* 329 Scott St.
5. *Full Name of Mother,* Kate Cole Dugan.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Frank Cole.
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

1892000039 15

DEC 5 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH. 44309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Harry R. Ball

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 3rd 1892
4. Place of Birth, (Street and Number) 1558 Richland St
5. Full Name of Mother, Mrs Mary J Ball
6. Mother's Maiden Name, Mary Purcell
7. Mother's Birthplace, Annapolis Md.
8. Full Name of Father, Wm E Ball
9. Father's Occupation, Hostler
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A Smith M.D

Address, 264 Francis St

Remarks, 1892 DEC 10

1892 DEC 10

1892 DEC 10

RETURN OF A BIRTH. A 44310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Saturday December 3rd 1892

4. *Place of Birth, (Street and Number)* 20 S. Carrollton Avenue.

5. *Full Name of Mother,* Bertha Augusta Moog.

6. *Mother's Maiden Name,* Bertha Meerdter.

7. *Mother's Birthplace,* 413 S. Paca Street Balto Md

8. *Full Name of Father,* August Moog

9. *Father's Occupation,* Job Printer

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Appleton Street Balto. Md

Remarks, 1892 8920003917 Appleton St

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A44311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 3 of Dec 1892
4. *Place of Birth, (Street and Number)*	No 1423 E. Biddle St
5. *Full Name of Mother,*	Maggie Doyle
6. *Mother's Maiden Name,*	Maggie McConnelley
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William H. Doyle
9. *Father's Occupation*	Steel Sawer
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Mrs Sauer
Address,	No 105 9 Harford Ave
Remarks,	Bal Md 8 9 2 0 0 7 3 2 1 8 1892

ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

44317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 3 1892.
4. *Place of Birth, (Street and Number)* No 1527 Hanover st
5. *Full Name of Mother,* Fredrica Lohmann
6. *Mother's Maiden Name,* Fredrica Nolte
7. *Mother's Birthplace,* Frederic city md
8. *Full Name of Father,* Edward Lohmann
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1422 Hanover st

Remarks,

8920003919

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

Births are required by law to be registered within ten days after the same occur, and the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 44315.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 3d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec 3 rd.

4. *Place of Birth, (Street and Number)* 658 Orange st.

5. *Full Name of Mother,* Sarah Louisia Bias.

6. *Mother's Maiden Name,* Bias.

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Randolph Smith

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Dr. B. F. Fleming

Address, 928 Madison Ave

Remarks, 6 & 8 Pierce st.

1892000392 0

ascertained the full name of each child (if any) shall have been given, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, the Householder or other person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. A 44314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 3rd 1892.
4. Place of Birth, (Street and Number) Baltimore Md 414 S Stricker St
5. Full Name of Mother, Maggie T Skowralski
6. Mother's Maiden Name, " " Kraning.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John N Skowralski.
9. Father's Occupation, Barber.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning.

Address, 414 S Stricker St Baltimore Md.

Remarks, Mother and Child ase doing well

8 9 2 8 0 0 3 4 2 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

14315.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Emma Elizabeth Sjamo

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third -
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 3. 1892.
4. Place of Birth (Street and Number)	503 N. Calhoun st.
5. Full Name of Mother	Olivia S. Sjamo,
6. Mother's Maiden Name	" " Sauzy
7. Mother's Birthplace	Baltimore -
8. Full Name of Father	Franklin C. Sjamo -
9. Father's Occupation	Woodworker
10. Father's Birthplace	Baltimore -
Name of Medical Attendant, or other Person who makes this Return.	E. A. Holbrook, M.D.
Address	714 N. Carey st.
Remarks	

1892000 3922

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF ...

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

44316

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name: Luther A Wert 2nd

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 12. 4 " 92.
4. Place of Birth, (Street and Number) 1522 N. Monut St.
5. Full Name of Mother, Emma Jane Wert.
6. Mother's Maiden Name, Tice
7. Mother's Birthplace, Balto
8. Full Name of Father, David Wert.
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. Wm Eastman

Address, 772 W. Lexington St

Remarks, Forceps

1851 Dec 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1 8 9 2 0 0 0 3 9 2 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 4th. 93
4. Place of Birth, (Street and Number) # 1632 No. Henry St.
5. Full Name of Mother, Emma Boyd
6. Mother's Maiden Name, Filck.
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Boyd.
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, # 106 S. Wanover st.

Remarks, 1892 0003924

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 44318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4. 1892

4. Place of Birth, (Street and Number) No. 1922 Jefferson St

5. Full Name of Mother Mrs. Mary Ellen Fountain

6. Mother's Maiden Name, Mrs Mary E. Herold

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Mr. Charles E. B. Fountain

9. Father's Occupation, Book Baler

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendenen M.D.

Address, 201 North Broadway

Remarks,

1 8 9 2 0 0 0 3 9 2 5

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, ~~&c.~~) 5th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 4th
4. Place of Birth, (Street and Number) 1421 Argyle Ave
5. Full Name of Mother, Jennie Kimmell
6. Mother's Maiden Name, " Kelley
7. Mother's Birthplace, Guilford Md.
8. Full Name of Father, Ino M. Kimmell
9. Father's Occupation, Butter Dealer
10. Father's Birthplace, Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return. Ino L. Huck.

Address, #617 Lafayette Ave (1621)

Remarks, 8920003926

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

All persons having been delivered of a child, or having charge of any child born alive, shall have the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4—

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 8- 92

4. Place of Birth, (Street and Number) Edmondson Ave Annex

5. Full Name of Mother, Annie Richmond

6. Mother's Maiden Name, Richmond

7. Mother's Birthplace, B. C

8. Full Name of Father, Mathew Richmond

9. Father's Occupation, Gardner

10. Father's Birthplace, Ireland

Name of Medical Attendent, or other person who makes this Return. Jno Hillcoat

Address, 1207 E Monument St—

Remarks, 1892000 3927

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 44021.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 5-1892
4. *Place of Birth, (Street and Number)*	1019 Johnson St.
5. *Full Name of Mother,*	Annie Viney Perkins
6. *Mother's Maiden Name,*	Virginia
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	John Viney
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thurlow Cooke M.D.
Address,	914 N. Charles St. Baltimore Md.
Remarks,	8920003928

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall become the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 24437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 5th 192
4. Place of Birth, (Street and Number)	2505 Penna ave
5. Full Name of Mother,	Ellen Smith
6. Mother's Maiden Name,	Englar
7. Mother's Birthplace,	Carroll Co. Md
8. Full Name of Father,	Wm Smith
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Norris M D
Address,	1501 Druid Hill ave
Remarks,	

1892000 3929

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3rd)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 5 - 1892
4. Place of Birth, (Street and Number) No. 1728 South Broadway
5. Full Name of Mother, Mrs. Mary Elizabeth Wellener
6. Mother's Maiden Name, Miss Mary E. Blackburn
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. William C. Wellener
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Cudlipp M.D.

Address, 201 South Broadway

Remarks, 18920003930

been conferred) its sex, color, the full name and occupation of its p[illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible]th of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible]stery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Dec 5th
4. Place of Birth, (Street and Number) 614 Sophia St
5. Full Name of Mother, Florence Johnson Florence Davis
6. Mother's Maiden Name, Florence Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lee Johnson.
9. Father's Occupation, Coal Business
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Celester Cook.

Address, 714 Bradley St.

Remarks, 8920003931

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Dec. 1st, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 6/92
4. *Place of Birth, (Street and Number)*	10 Pearl St
5. *Full Name of Mother,*	Mary Ann Grant
6. *Mother's Maiden Name,*	" " McCarthy
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John W. Grant
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Addison C. Fox, M.D.
Address,	1530 West Fayette St
Remarks,	8920003932

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 6. 1892
4. Place of Birth, (Street and Number) 13 W. Montgomery
5. Full Name of Mother, Ella Bedgood
6. Mother's Maiden Name, Mabrey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas A. Bedgood
9. Father's Occupation, ~~Gen.~~ Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Thurber Cook M.D.

Address, 914 N. Charles St.

Remarks, 8920003933

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

Births are to be set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 4437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6th
4. *Place of Birth, (Street and Number)* 1409 Brunt st Balto city
5. *Full Name of Mother,* Mary Ann West
6. *Mother's Maiden Name,* Mary A Dawson
7. *Mother's Birthplace,* Fredericksburg Va
8. *Full Name of Father,* Henry West
9. *Father's Occupation,* Farmer Driver
10. *Father's Birthplace,* Accomack County Va

Name of Medical Attendant, or other person who makes this Return, Celestia Cook

Address, 744 Bradley st

Remarks, 1892000393 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) ~~Male~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6. 1882

4. Place of Birth, (Street and Number) Hast Lo No

5. Full Name of Mother, Lizzie Noun

6. Mother's Maiden Name, Lizzie Cuninghans

7. Mother's Birthplace, Balt

8. Full Name of Father, Michel Noun

9. Father's Occupation, Bar Keper

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs Ettie

Address, No 619 Cuba St

Remarks,

1 8 9 2 0 0 0 3 9 3 5

DEC 13 1882

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. Race or Color, (~~if not of~~ the white race) .....
3. Date of Birth, Dec. 7th 1892
4. Place of Birth, (Street and Number) No 1306 E Fayette st
5. Full Name of Mother, Mary Goltz
6. Mother's Maiden Name, Mary Schwab
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Goltz
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgeway Studer M.D.
Address, 1122 E Baltimore st
Remarks, ...

8920003936

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CITY NAME ADDED 1-8-60

RETURN OF A BIRTH A 44330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Church

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th (Eighth) child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 7th 1892
4. Place of Birth, (Street and Number) 1623 Mullikin St
5. Full Name of Mother, Ida Church
6. Mother's Maiden Name, Loch
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Geo. H. Church
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Gower M.D.

Address, 439 N. Central Ave.

Remarks,

1892000393 7

The Board of Health, or any of its officers, shall have free access to the premises where any child is born, and shall be entitled to see the child, in order that the same can be ascertained. The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

and occupation of its parents, the date and place of birth; and the
by the practitioner in attendance, or a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
ian or practitioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wh.

3. Date of Birth, Dec 7. 92

4. Place of Birth, (Street and Number) 1605 E. Lombard

5. Full Name of Mother, Mrs. Alice George Pines

6. Mother's Maiden Name, Miss A George

7. Mother's Birthplace, Lancaster Co. Pa. U.S.

8. Full Name of Father, William Henry Pines

9. Father's Occupation, Engineer

10. Father's Birthplace, Middlesex Co. Va.

Name of Medical Attendant, or other person who makes this Return, G. A. Lynch M.D.

Address, 2000 E. Baltimore

Remarks, Attended delivery

8920003938

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 6 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 7th Dec 1892
4. *Place of Birth, (Street and Number)*	No 1822 N. Spring St
5. *Full Name of Mother,*	Aggie Bittner
6. *Mother's Maiden Name,*	Aggie Muccubbin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Bittner
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Ch Sauer
Address,	No 1059 Maryland Ave
Remarks,	Bal

1892 0 0 0 3 9 3 9

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44333.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...d of Mother, (state whether 1st, 2d, 3d, &c.)	second child
...ate whether male or female)	male
... Color, (if not of the white race)	white
...f Birth,	7th of december
...e Birth, (Street and Number)	No 817 Harford avenue
...me of Mother,	Mary Ellen Harron
...s Maiden Name,	Mary Ellen Miller
...s Birthplace,	Baltimore
...me of Father,	Peter James Harron
...s Occupation	Iron moulder
...s Birthplace,	Baltimore
...f Medical Attendant, or other person who makes this Return,	Mrs Dena Hellagest
...,	1038 E. Monument St
...s,	1892000 3940

...rinters and Stationers.

RETURN OF A BIRTH. A 44334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7te
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	8 of December 1892
4.	*Place of Birth, (Street and Number)*	Fajette - Corte 2008
5.	*Full Name of Mother,*	Marie Bankert
6.	*Mother's Maiden Name,*	Marie Link
7.	*Mother's Birthplace,*	Baltimore M.D.
8.	*Full Name of Father,*	Jacob Bankert
9.	*Father's Occupation,*	Butcher
10.	*Father's Birthplace,*	Baltimore M.D.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Ida Hille M.D.
	Address,	207 N Castle St
	Remarks,	— — —

1892000394 1

Within, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 9 1892
4. Place of Birth, (Street and Number) ~~227~~ 237 N. Angiel St.
5. Full Name of Mother, Annie M. Thornton
6. Mother's Maiden Name, " " Allen
7. Mother's Birthplace, Cecil Co Md
8. Full Name of Father, James H. Thornton
9. Father's Occupation, Carpenter
10. Father's Birthplace, Gloucester Co. Va

Name of Medical Attendant, or other person who makes this Return, Edward McGinn

Address, 238 Angiel St.

Remarks,

18920003942

Wm J C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Meier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 3rd

1. *Sex, (state whether male or female)* Both Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9th 92
4. *Place of Birth, (Street and Number)* 2407 York Road
5. *Full Name of Mother,* Emma Adelaid Meier
6. *Mother's Maiden Name,* Emma Adelaid Vondrehle
7. *Mother's Birthplace,* Ballo
8. *Full Name of Father,* Henry Meier
9. *Father's Occupation,* Coach Trimmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, T. K. Galloway M.D.

Address, 318 East Lanvale St

Remarks, GIVEN NAME ADDED 3-26-53.

8 9 2 0 0 0 3 9 4 3

Twins

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 9 1892
4. Place of Birth, (Street and Number) 534 N Eutaw av
5. Full Name of Mother, Cecilia F Moore
6. Mother's Maiden Name, " " Comer
7. Mother's Birthplace, Va Bath Co Va
8. Full Name of Father, William Moore
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Edward P Dorsett

Address, 2 & 8 Lispenard

Remarks, 1892000394

month, and shall set forth as far as the same ... ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and ... ipation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 9 / 92
4. *Place of Birth, (Street and Number)*	1807 Druid Hill Ave
5. *Full Name of Mother,*	Emma Augusta
6. *Mother's Maiden Name,*	Hartigan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John M. August
9. *Father's Occupation,*	Supt of Construction Balt City Fire Alarm Dept
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

1892000 3945

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 4. 92
4. Place of Birth, (Street and Number) 2009 E. Fait St.
5. Full Name of Mother, Mrs. Margaretta Lee Beans Allison
6. Mother's Maiden Name, Wife " " Beans
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, James Henderson Allison
9. Father's Occupation, Asst. Excelsior Stove Works
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. C. Lentz M.D.

Address, 2000 E. Balto. St.

Remarks, ~~Patient~~

For Dept's Use 1892 0003946

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth	December 10th 1892
4. Place of Birth, (Street and Number)	1334 Division St.
5. Full Name of Mother,	Rebecca A. King.
6. Mother's Maiden Name,	Brantaugh
7. Mother's Birthplace,	Fayette Co. Penna
8. Full Name of Father,	Phillip King
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Frederick City Md
Name of Medical Attendant, or other Person who makes this Return.	Alice S. Parkhurst M.D.
Address,	1410 Park Avenue
Remarks,	1892000394 7

DEC 22 1892

If the child above named was born out of wedlock, and the mother desires to have the name of the father entered on the record of birth, she must appear in person at the Office of the Registrar of Vital Statistics, and make oath to the name of the father, and sign the record in the presence of the Registrar.

If the child above named was born in wedlock, and the mother desires to have the name of the father entered on the record of birth, she must appear in person at the Office of the Registrar of Vital Statistics, and make oath to the name of the father, and sign the record in the presence of the Registrar.

Every person who shall neglect or refuse to make a return of a birth which occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	Fifth.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 10. 92
4. *Place of Birth, (Street and Number)*	114 Durham St
5. *Full Name of Mother,*	Mary Fearing
6. *Mother's Maiden Name,*	Mary King.
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	Philip Fearing
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	H C Hyde. M.D.
Address,	New & McDonough
Remarks,	1892 0003948

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 42924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 2d. 92.
4. *Place of Birth, (Street and Number)* 516 S. Washington st.
5. *Full Name of Mother,* Kathe O'Brien
6. *Mother's Maiden Name,* " Sann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph O'Brien
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1106 Eastern Ave.

Remarks, 8 9 2 0 0 0 3 9 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 2 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 13935.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 3 — 1892
4. Place of Birth, (Street and Number) 114 E. Caroline
5. Full Name of Mother, Minna Schmidt
6. Mother's Maiden Name, Rupperberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilian Schmidt
9. Father's Occupation Horse Shoer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1892000 3950

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 43926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John P. Metzger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 4th 1892

4. Place of Birth, (Street and Number) 131 S. Central Ave.

5. Full Name of Mother, Annie Metzger

6. Mother's Maiden Name, Leith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philipp Metzger

9. Father's Occupation Brass Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E Pratt St.

Remarks, 1892000395 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 5th, 92.
4. *Place of Birth, (Street and Number)* 103 S. Washington St.
5. *Full Name of Mother,* Mary Ch. Andrews
6. *Mother's Maiden Name,* " " Balzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Andrews
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Weisenhofer

Address, 1866 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 3 9 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or prac- ter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to com- to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 5 - 92
4. *Place of Birth, (Street and Number)* 502 N Collington Ave
5. *Full Name of Mother,* Emma Wagner
6. *Mother's Maiden Name,* " Koch
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Louis W. Wagner
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Atwell

Address, 912 McDonogh Ave

Remarks, 1892000039 53

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43929.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 5th. 92.
4. Place of Birth, (Street and Number) 2016 Eastern Ave.
5. Full Name of Mother, Mary Mohling
6. Mother's Maiden Name, " Ilgenfritz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Mohling
9. Father's Occupation Engineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 1892 0 0 3 9 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Nov. 5 1892
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Fannie Walker.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frame.
Address,	115 W. Lombard.
Remarks,	18920003955

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. And be it further ordained, That it shall be the duty of every physician or midwife who shall have attended at the birth of any child, or who shall have been present at the birth of any child, or who shall have been present at the birth of any child, to make a return of the facts which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 6 — 1892
4. *Place of Birth, (Street and Number)* 1425 E. Lombert St.
5. *Full Name of Mother,* Barbara Heller Turner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Heller
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Friedrich Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 1 8 9 2 U 0 0 3 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 43937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 6 — 1892
4. *Place of Birth, (Street and Number)* 416 S. Central Ave.
5. *Full Name of Mother,* Anna Roth
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Roth
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1892000 3957

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 40933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 7th 1892
4. *Place of Birth, (Street and Number)*	1121 Hamburg
5. *Full Name of Mother,*	Agnes Keys
6. *Mother's Maiden Name,*	" Brantstum
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm H Keys
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	18920003958

Wm J C. Dulany Co, City Printers and Stationers.

A 43934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 7 Nov 20

4. Place of Birth, (Street and Number) 401 Friendship Ave

5. Full Name of Mother, Irene Gossman

6. Mother's Maiden Name, Irene Carmela

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Gossman

9. Father's Occupation, Hucster

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Birk midwife

Address,

Remarks, 1892000395 9

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of each child, if any, shall have been conferred), the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the case the birth of any child attendance upon the mother, the person or parents of such child to report its birth to the Commissioner of Health, in the form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 13935.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 7th 1892.
4. *Place of Birth, (Street and Number)*	1719 McCulloh St.
5. *Full Name of Mother,*	Emma L Patten.
6. *Mother's Maiden Name,*	Emma L Shreve.
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas W Patten
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John A Pennington M.D.
Address,	1716 Linden Ave
Remarks,	1892000 3960

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth*, Nov 8th
4. *Place of Birth*, (*Street and Number*) No 11 Madison St Homestead
5. *Full Name of Mother*, Mary A. Seel
6. *Mother's Maiden Name*, Mary A. Miller
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Edward Seel
9. *Father's Occupation*, Surveyor
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return. L. F. Wise

Address, Waverly

Remarks, 8920003961

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 8-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Ina McLaughlin.
6. *Mother's Maiden Name,*	Cw.
7. *Mother's Birthplace,*	Md Kansas.
8. *Full Name of Father,*	" "
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	W. Maryland Frame.
Name of Medical Attendant, or other person who makes this Return,	115 W. Lombard.
Address,	
Remarks,	1892000396 2

DEC 29 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-17-58 A 43938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Schlegel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 8 — 1892
4. Place of Birth, (Street and Number) 1532 Eastern Av.
5. Full Name of Mother, Anna Schlegel
6. Mother's Maiden Name, Bonnet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schlegel
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Harry Stein

Address, 1427 E Pratt St.

Remarks,

18920003963

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 13939.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 8 — 1892
4. Place of Birth, (Street and Number) 529 S. Bond St.
5. Full Name of Mother, Anna Stiller
6. Mother's Maiden Name, Distler
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Stiller
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 1892000 3964

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 43940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Novem. 8, 1892
4. *Place of Birth, (Street and Number)*	1728 Lanvale st.
5. *Full Name of Mother,*	Ella E. B. Merriman
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. H. Merriman
9. *Father's Occupation,*	Harness Maker
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other person who makes this Return.	John Hood, M. D.
Address,	1312 Harlem Ave.
Remarks,	18920003965

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GALANY & CO., CITY PRINTERS AND STATIONERS

SAFETY FILM

GIVEN NAME ADDED 4-17-52

RETURN OF A BIRTH.

43941.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Cleveland Autz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 8th Night - 1892
4. Place of Birth, (Street and Number) 417 E Madison
5. Full Name of Mother, Annie Autz
6. Mother's Maiden Name, " Craig
7. Mother's Birthplace, Penna
8. Full Name of Father, George Autz
9. Father's Occupation,
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Leo L Reynolds

Address, 711 N Calvert St

Remarks, A democrat, Election Night & his name is Grover.

18920003966

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Health Commissioner shall furnish to each physician, midwife or practitioner who shall have been duly registered under the provisions of this section, a sufficient number of blank certificates of birth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43947.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 8th 1892.
4. *Place of Birth, (Street and Number)* 32 d W. Preston
5. *Full Name of Mother,* Mary Roach
6. *Mother's Maiden Name,* " Stafford
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Roach
9. *Father's Occupation.*
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M. D.

Address, 711 N Calvert

Remarks, A Democrat. Election night & her name is "Francis"

Two democrats ~~Election night~~ 3967

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8th 1892
4. Place of Birth, (Street and Number) 631. Dover St
5. Full Name of Mother, Mary E. Reilly
6. Mother's Maiden Name, Mary E. Lonigan
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo B. Reilly
9. Father's Occupation, Lamplighter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Seabach

Address, 735 W. Pratt St

Remarks, 1892000396 8

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Novbr. 9th. 92.
4. *Place of Birth, (Street and Number)* Miller Str. 1639
5. *Full Name of Mother,* Elizabeth Thiel
6. *Mother's Maiden Name,* " Meister
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father* Henry Thiel
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 1106 Eastern Ave.

Remarks, 1892000039789

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Nov. 9-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Josephine Gilbert.
6. *Mother's Maiden Name,*	Cox.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Unknown.
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Hoyland Frames.
Address,	115 W. Lombard.
Remarks,	1892 0003970

DEC 28 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 9 92
4.	*Place of Birth, (Street and Number)*	30 & E Preston St.
5.	*Full Name of Mother,*	Annie J. Bixler
6.	*Mother's Maiden Name,*	" " Eilgert.
7.	*Mother's Birthplace,*	York Co Pa
8.	*Full Name of Father,*	Martin L. L. Bixler
9.	*Father's Occupation,*	Fireman on N. C. R.R.
10.	*Father's Birthplace,*	York Co Pa
	Name of Medical Attendant, or other person who makes this Return.	W B Pennington
	Address,	700 E. 6 Lanvale St.
	Remarks,	1892000397 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 13947

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 9th 1892
4. *Place of Birth, (Street and Number)*	1823 N Broadway
5. *Full Name of Mother,*	Onie Tall
6. *Mother's Maiden Name,*	" Broughton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Otis J Tall
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	Premature birth 6 months lived 12 hours

1892 00 00 3972

Wm J C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 10 92
4. Place of Birth, (Street and Number)	879 Luzon St.
5. Full Name of Mother,	Julia Finnegan
6. Mother's Maiden Name,	" Ward.
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	L. Finnegan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balt City
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	716 E. Preston St.
Remarks,	8920003973

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	November 11. 1892
4. *Place of Birth, (Street and Number)*	Galveston
5. *Full Name of Mother,*	Mary Jackson
6. *Mother's Maiden Name,*	Mary Marshal
7. *Mother's Birthplace,*	St Marys Co. Md
8. *Full Name of Father,*	William Jackson
9. *Father's Occupation*	General Laborer
10. *Father's Birthplace,*	Frederick Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Elizabeth Hicks
Address,	Carroll Bottle City Md
Remarks,	Not Healthy Child

8 9 2 0 0 0 3 9 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...ned the full name of each child, if any shall have ...ths, the date and place of birth; and the ...of its parents, the date and place of birth; and the ...ter in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...been conferred) its sex, color, the full name and occupation of the practitioner in the ...said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the ...third day of each and every month to the office of the Commissioner of Health. In case the ...attendance of a physician or midwife, or should no other person be in ...shall occur without the attendance of the person or persons required, and ...e manner and within the period above required, and ...y with the provisions of this section shall be sub- ...overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12th 1892
4. Place of Birth, (Street and Number) 106 N. Schroeder St Md
5. Full Name of Mother, Rosa Austin
6. Mother's Maiden Name, " " Peter
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jacob Austin
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Ulmer Md

Address, 106 N. Schroeder St.

Remarks,

1892000003975

Wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

A 43951.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 17, 92
4. *Place of Birth, (Street and Number)*	1176 Hillen St
5. *Full Name of Mother,*	Agnes OConnor
6. *Mother's Maiden Name,*	" Moran
7. *Mother's Birthplace,*	Eng.
8. *Full Name of Father,*	Timothy OConnor
9. *Father's Occupation,*	Fireman in Bolt Fire
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	J. H Robinson MD
Address,	1362 E. Preston St.
Remarks,	1892 0003976

1893

Be it enacted by the General Assembly of Maryland, That the full name of each child, if any shall have been given, born within the limits of Baltimore City after the passage of this Act, shall be registered at the Health Office of said City, and that the name, if any, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Nov. 12-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Eva Brown.
6. *Mother's Maiden Name,*	Pa.
7. *Mother's Birthplace,*	Not Known.
8. *Full Name of Father,*	" "
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	W. Maryland Frames.
Name of Medical Attendant, or other person who makes this Return,	115 W. Lombard.
Address,	
Remarks,	0920003977

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 13903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17
4. Place of Birth, (Street and Number) 917 N Dallas St.
5. Full Name of Mother, Rubie Daniels
6. Mother's Maiden Name, Rubie Martin
7. Mother's Birthplace, Alexandria Va
8. Full Name of Father, Wm Daniels
9. Father's Occupation, Railroad man
10. Father's Birthplace, Chicago

Name of Medical Attendant, or other person who makes this Return, Henry Dyer Hyland

Address, 953 N. Gay St.

Remarks, 1892000 3978

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-29-56

RETURN OF A BIRTH A 43934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Harry Clay Griffin Third
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Nov 12 - 42
4. *Place of Birth, (Street and Number)*	110 N Collington Ave
5. *Full Name of Mother,*	Elmira Griffin
6. *Mother's Maiden Name,*	" Draher
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry Griffin
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Cellwell
Address,	912 McDonogh St
Remarks,	1 8 9 2 0 0 0 3 9 7 9

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the person in attendance upon the mother, immediately thereafter. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. B. BALANY & CO., CITY PRINTERS AND STATIONERS.

A 43953

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 13 92
4. Place of Birth, (Street and Number)	1317 West St.
5. Full Name of Mother,	M. Twiney
6. Mother's Maiden Name,	" Griffin
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	T. Twiney
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	776 E Pratt St
Remarks,	1892000039 80

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the name, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 13th 1892
4.	*Place of Birth, (Street and Number)*	819 Columbia ave
5.	*Full Name of Mother,*	Sophie Eigenbrodt
6.	*Mother's Maiden Name,*	Sophie Schafer
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	John Eigenbrodt.
9.	*Father's Occupation,*	Trunk Maker
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Mrs Tubach
	Address,	735 W. Pratt st
	Remarks,	1892000398 1

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

A 43957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 28 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 14th 92.

4. Place of Birth, (Street and Number) 120 S. Durham Str.

5. Full Name of Mother, Mary K. Strickroth

6. Mother's Maiden Name, " Weiss

7. Mother's Birthplace, Germany

8. Full Name of Father, John Strickroth

9. Father's Occupation, Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1116 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 3 9 8 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 149958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 14th 1899
4. Place of Birth, (Street and Number) 710 E Monument St
5. Full Name of Mother, Mary Virginia Shannon McCloskey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Ramsey Shannon
9. Father's Occupation, Candy manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. A. Reynolds M.D.

Address, 711 N Calvert

Remarks,

1899 2 0 0 0 3 9 8 3

If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 113959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 November
4. *Place of Birth, (Street and Number)* 2992 Carroll
5. *Full Name of Mother,* Mage Weber
6. *Mother's Maiden Name,* Kossens
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Johan Weber
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm P. Liesemann

Address, 1225 Hanover Street

Remarks, 6920003984

heen conferred) its sex, color, the full name and occupation, of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissi
shall occur without the attendance of a physician or practioner o
attendance upon the mother, immediately thereafter it shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 14th 1892
4. *Place of Birth, (Street and Number)* 1520 Windsor Ave
5. *Full Name of Mother,* Anna Doyle
6. *Mother's Maiden Name,* Lambert
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin Doyle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 2100 Druid Hill Ave

Remarks, 1892000398 6

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

43962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins / 2nd Confinement
1. Sex, (state whether male or female)	Males & Females
2. Race or Color, (if not of the white race)	W. White
3. Date of Birth,	Nov 14th 92
4. Place of Birth, (Street and Number)	414 W. 23rd St.
5. Full Name of Mother,	Alice R. Lowers
6. Mother's Maiden Name,	Alice R. Lupe
7. Mother's Birthplace,	Penn.
8. Full Name of Father,	Abraham L. Lowers
9. Father's Occupation,	Flagman W.M.R.R.
10. Father's Birthplace,	Penn
Name of Medical Attendant, or other person who makes this Return.	Cecil G. Stewart M.D.
Address,	120 W. 23rd St.
Remarks,	1892000 3987

The Mother or Father of each child, if any shall have been living in the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between of any child said schedule shall be delivered, duly signed by the practitioner or midwife, In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 14396 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Negro.
3. *Date of Birth,*	Nov. 15 - 92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Annie Arthur.
6. *Mother's Maiden Name,*	Ind.
7. *Mother's Birthplace,*	Not known.
8. *Full Name of Father,*	" "
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	1892000003988

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15 Feb.
4. *Place of Birth, (Street and Number)*	512 E. Front St
5. *Full Name of Mother,*	Rose Dodge
6. *Mother's Maiden Name,*	Rose McClung
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Dodge
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return,	Mrs. L. Birk midwife
Address,	No 506 E. High St.
Remarks,	

1892 0003989

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L 43965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 16th. 92.
4. *Place of Birth, (Street and Number)* 2203 Eastern Ave.
5. *Full Name of Mother,* Katha Brettholdt
6. *Mother's Maiden Name,* " Krapp
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Brettholdt
9. *Father's Occupation* Washinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dienhopfes

Address, 1806 Eastern Ave.

Remarks, 1892000 5976

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 16th 92.
4. *Place of Birth, (Street and Number)* 311 S. Wolf str.
5. *Full Name of Mother,* Mary Hammler
6. *Mother's Maiden Name,* " Rbichhausen
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Hammer
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 106 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 3 9 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Nov. 16-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Mary Young.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Wm Francis
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Francis.
Address,	115 W. Lombard.
Remarks,	0 9 2 0 0 0 3 9 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 5 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-20-58

RETURN OF A BIRTH

43958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Otto Schroeder
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	W
3. *Date of Birth,*	17th Nov 92
4. *Place of Birth (Street and Number),*	113 E West St
5. *Full Name of Mother,*	Harriett Emma
6. *Mother's Maiden Name,*	Mariner
7. *Mother's Birthplace,*	U S
8. *Full Name of Father,*	Otto Henry Schroeder
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	U S
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Shämm M.D.
Address,	9 E. Montgomery St.
Remarks,	18920003993

This schedule shall contain a list of the births which have occurred in the family or house under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If also the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. H3969.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17th 1892
4. Place of Birth, (Street and Number) 32 E 26th St
5. Full Name of Mother, Olevia Estelle Williams
6. Mother's Maiden Name, " " Green
7. Mother's Birthplace, Balto
8. Full Name of Father, Underwood Renshaw Williams
9. Father's Occupation. Oyster-Packer
10. Father's Birthplace; Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. J. Reynolds Jr. M.D.

Address, 711 N Calvert St

Remarks,

8 9 2 0 0 0 3 9 9 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 17th 97
4. Place of Birth, (Street and Number) 1338 Cleveland st.
5. Full Name of Mother, Emma Hawkins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

B 9 2 0 0 0 3 9 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. #3991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 17th 92
4. *Place of Birth, (Street and Number)* 622 N. Lombard st.
5. *Full Name of Mother,* Mary Gales
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

1892000 3996

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever, by word or deed, shall prevent the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 1699?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 17th 1892
4. *Place of Birth, (Street and Number)* Baltimore City 1037 Madison St
5. *Full Name of Mother,* Susie J Kennedy
6. *Mother's Maiden Name,* Susie May
7. *Mother's Birthplace,* Penn Pa
8. *Full Name of Father,* James Kennedy
9. *Father's Occupation* Glass Bobber
10. *Father's Birthplace,* Kentucky

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hopkins

Address, No 722 Lamburg St

Remarks, 1892000399 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17. Nov
4. Place of Birth, (Street and Number) 109 Hatton St.
5. Full Name of Mother, Mary B. Sprins
6. Mother's Maiden Name, Mary B. Donovan
7. Mother's Birthplace, England
8. Full Name of Father, Michael Sprins
9. Father's Occupation, Tobacco
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Birk midwife

Address, 516 N. Wright St.

Remarks, 8920003998

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 43974.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th of November 1892.
4. *Place of Birth, (Street and Number)* 308 South Norris St Balto
5. *Full Name of Mother,* Mrs. Annie Curley
6. *Mother's Maiden Name,* " " Harvey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Mr. Owen Curley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Seebach

Address, 735 W. Pratt St

Remarks,

8920003999

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Co
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
er it shall become the duty of the person or parents of such
ith, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health. In
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be r
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 17 - 92
4. *Place of Birth, (Street and Number)*	406 N. Front
5. *Full Name of Mother,*	Kate Wernsing
6. *Mother's Maiden Name,*	" Struckhous
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	Wm Wernsing
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	912 McDonough St
Remarks,	1892 0000 4000

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

E 14396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Nov 18 — 1892
4. *Place of Birth, (Street and Number)*	115 North Dallas St.
5. *Full Name of Mother,*	Mary Louise Madson
6. *Mother's Maiden Name,*	Lewis
7. *Mother's Birthplace,*	Langaster Pa
8. *Full Name of Father,*	Wm H. Madson
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	18920004001

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 43977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 18th. 92.
4. *Place of Birth, (Street and Number)* 1942 E. Lombard Str.
5. *Full Name of Mother,* Barbara Bluthkamp
6. *Mother's Maiden Name,* " Thiem
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Valentine Bluthkamp
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return Mrs. Heisenhofer

Address, 1816 Eastern Ave.

Remarks, 1892000 4002

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 439178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Nov. 8th 92.
4. *Place of Birth, (Street and Number)* 1301 S. Eden Str.
5. *Full Name of Mother,* Kathr. Hedermann
6. *Mother's Maiden Name,* " Kaiser
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. A. Hedermann
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1816 Eastern Ave.

Remarks, 1892 0004003

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered. Other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 143979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 18th 97
4. Place of Birth, (Street and Number) 22 ½ N. Lombard st.
5. Full Name of Mother, Annie Lyiaska
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jos. N. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

1892000400 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME Added 1-27-49

RETURN OF A BIRTH.

43980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th ISAAC
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 18 Mar. 1892
5. *Place of Birth, (Street and Number)* 5 Rigdon ~~Street~~ Court alley
6. *Full Name of Mother,* Annie Schlimberg
7. *Mother's Maiden Name,* Siegminer
8. *Mother's Birthplace,* Russia
9. *Full Name of Father,* Frank Schlimberg
10. *Father's Occupation* Tailor
11. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schwartz

Address, 72 Albemarle St.

Remarks,

1892 0004005

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 November

4. Place of Birth, (Street and Number) 23 E ~~Pratt~~ Hamburg

5. Full Name of Mother, Lizzie Bradley

6. Mother's Maiden Name, Lizzie Kaiser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank W Bradley

9. Father's Occupation Foreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, 1892 0004006

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, as shall ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 43982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 18th 92.
4. *Place of Birth, (Street and Number)* 2043 Caston Ave.
5. *Full Name of Mother,* Sarah Lamm
6. *Mother's Maiden Name,* " Bink
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. Lamm
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 1916 Eastern Ave.

Remarks, 1892 0004007

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 43983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18 1892
4. Place of Birth, (Street and Number) 1519 Hanover st
5. Full Name of Mother, Maggie A. Graff
6. Mother's Maiden Name, " " Dürrr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Graff
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Clarke M.D.

Address, 914 N. Charles st.

Remarks, 1892000400B

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

DEC 5 1892

RETURN OF A BIRTH. 43954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME:

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) November 19 1892

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 19
4. *Place of Birth, (Street and Number)* Beech av 3.02
5. *Full Name of Mother,* Susan M Coates
6. *Mother's Maiden Name,* Hynes
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* James F Coates
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Prince William Co Va

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 515 Lieb st

Remarks, 1892 0004009

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 19th. 92.
4. *Place of Birth, (Street and Number)* 175 N. Canton Str.
5. *Full Name of Mother,* Florintina Link
6. *Mother's Maiden Name,* " Moeflein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Otto Link
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 506 Eastern Ave.

Remarks, 1 6 9 2 0 0 0 4 0 1 0

been conferred) its sex, color, the full name and occupation of its p... said schedule shall be delivered, duly signed by the practitioner in th... third day of each and every month to the office of the Commission... shall occur without the attendance of a physician or practioner of ... attendance upon the mother, immediately thereafter it shall becom... Child to report its birth to the Commissioner of Health, in the manne... any such person or persons who shall hereafter fail to comply with t... jected to the fine of ten (10) dollars for each offence, to be recovered u...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H3986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male Dark brown skin

2. Race or Color, (if not of the white race)

3. Date of Birth, September 19 1892

4. Place of Birth, (Street and Number) 639 Jasper St

5. Full Name of Mother, Amelia Slater

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Martin Slater

9. Father's Occupation Ice-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Lander Lane

Address, 642 Jasper St

Remarks, 1892000401 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 4/3987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1892 - 19th of November
4. *Place of Birth, (Street and Number)*	2003 Christian St.
5. *Full Name of Mother,*	Louise Lorenz
6. *Mother's Maiden Name,*	Louise Fischer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Reinhardt Lorenz
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuter Midwife
Address,	216 West Pratt St.
Remarks,	

1892000 4012

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d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
cian or practioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 19th 1892
4. *Place of Birth, (Street and Number)*	304 S Stricker St
5. *Full Name of Mother,*	Mrs Mary Harvey
6. *Mother's Maiden Name,*	Mary Conley
7. *Mother's Birthplace,*	Bacet
8. *Full Name of Father,*	Chas H. Harvey
9. *Father's Occupation*	Brass Finisher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	753 W Lexington St
Remarks,	

1892000040 13

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

RETURN OF A BIRTH. A 43989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th Nov. 1892
4. *Place of Birth, (Street and Number)* 216 Pearl St.
5. *Full Name of Mother,* Bessie Fox
6. *Mother's Maiden Name,* Zitt
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Fox
9. *Father's Occupation* Store - keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Schragenheim

Address, 42 Albemarle

Remarks,

1 8 9 2 0 0 0 4 0 1 4

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PROPERTY OF FILM

RETURN OF A BIRTH. A 13990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, ~~(if not of the white race)~~* White
3. *Date of Birth,* November 19, 1897
4. *Place of Birth, (Street and Number)* 2316 Pennsylvania ave
5. *Full Name of Mother,* Mary Josephine Louis
6. *Mother's Maiden Name,* Mary Josephine Little
7. *Mother's Birthplace,* Adams Co., Pa.
8. *Full Name of Father,* John Louis
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary J Shockey

Remarks, 731 Cumberland St

1 8 9 2 0 0 0 4 0 1 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A 43991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, november 20 1892 Baltimore
4. Place of Birth, (Street and Number) roland ave 2d 38 hampden H D
5. Full Name of Mother, Anna mary griffith
6. Mother's Maiden Name, gill
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Robert Henry griffith
9. Father's Occupation, Baker
10. Father's Birthplace, Maryland county

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E Sing

Remarks, Mary Adams Baltimore

1892 Dec 5 1892 Mary Adams

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...the practitioner in the form of a certificate between the first and ...f the Commissioner of Health. In case the birth of any child ...n or practitioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...ealth, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub- ...ce, to be recovered as other fines and forfeitures are recoverable.

...been entered, its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the prac- ...third day of each and every month to the office of the Co- ...shall occur without the attendance of a physician or pra- ...attendance upon the mother, immediately thereafter it ...child to report its birth to the Commissioner of Health, ...any such person or persons who shall hereafter fail to ...jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 113997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 20th 97
4. *Place of Birth, (Street and Number)* 622 S. Lombard st.
5. *Full Name of Mother,* Macon Fitzhugh.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Elie M. D.

Address, 622 S. Lombard St.

Remarks,

8920004017

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been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 13993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Brunette

3. *Date of Birth,* November 20 1892

4. *Place of Birth, (Street and Number)* 701 Little George St

5. *Full Name of Mother,* Nora J. Lyon

6. *Mother's Maiden Name,* Bell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Bell

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

1892000/4018

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RETURN OF A BIRTH.

43994

CERTIFICATE CORRECTED 7-2-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas ~~Franklin~~ Taylor Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	~~Female~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22nd 1892
4. *Place of Birth, (Street and Number)*	Lexington St No 140
5. *Full Name of Mother,*	Laure Taylor
6. *Mother's Maiden Name,*	Laure Anderson
7. *Mother's Birthplace,*	Annapolis
8. *Full Name of Father,*	Thomas ~~F~~ E Taylor
9. *Father's Occupation*	Poultry dealer
10. *Father's Birthplace,*	Annapolis
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Milliman Ave
Remarks,	

1892000401 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 43995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th 20 November
4. *Place of Birth, (Street and Number)* Baltimore No 106 Cross st
5. *Full Name of Mother,* Mary Undutch
6. *Mother's Maiden Name,* Mary Auer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Undutch
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Kate Münch

Address, 800 Leadenhall Street

Remarks, 1892000 4020

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...ing the full name of each child (if any shall have ...ame), the date and place of birth; and the ...ame and occupation of its parents, the date and place of birth; and the ...ame and occupation of the practitioner or ...ther person in the form of a certificate between the first and ...ond columns, which certificate shall be ...ed by the Commissioner of Health. In case the birth of any child ...as been conferred) its sex, color, the full name and ...ccupation of its parents, the date and place of birth; and the ...ame and occupation of the practitioner or other person in the ...orm of a certificate between the first and second columns, which ...ertificate shall be delivered, duly signed by the ...ommissioner of Health. In case the birth of any child ...hall occur without the attendance of a physician or ...idwife, or should no other person be in attendance upon the ...other, it shall become the duty of the person or parents of such ...hild to report its birth to the Commissioner of Health, in the ...anner and within the period above required, and ...ny such person or persons who shall hereafter fail to comply with the ...rovisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered ...s other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* November 20th
4. *Place of Birth, (Street and Number)* No 135 Millington Ave.,
5. *Full Name of Mother,* Margaret Klopf,
6. *Mother's Maiden Name,* Homberg,
7. *Mother's Birthplace,* Balto City,
8. *Full Name of Father,* Christian Klopf
9. *Father's Occupation,* Butcher,
10. *Father's Birthplace,* Germany,

Name of Medical Attendant, or other person who makes this Return, Louis Ledeuc, M.D.

Address, 721 Columbia Ave.

Remarks, 1892000402 1

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...ception conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, he in attendance upon the mother, or, should no other person be in attendance upon the mother, the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

43947.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 20th 1892.
4. Place of Birth, (Street and Number) 607 N. Calvert.
5. Full Name of Mother, Mary Bell Clarkson.
6. Mother's Maiden Name, " " Collins.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph A. Clarkson.
9. Father's Occupation, Chemist.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Chas. L. Carpenter M.D.

Address, 711 N. Calvert St.

Remarks, 1892000 4022

1892

The name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and last mentioned, the time of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 43998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or by the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		6
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 20
4.	*Place of Birth, (Street and Number)*	Baltimore Richland St.
5.	*Full Name of Mother,*	Louisa P. Wernz
6.	*Mother's Maiden Name,*	Louisa P. Wise
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	John P. Wernz
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany Byern
	Name of Medical Attendant, or other person who makes this Return.	Mrs. E. Falls Tech
	Address,	2859 Fulton Ave. even
	Remarks,	Clifton

1892000402 7

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RETURN OF A BIRTH.

43499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 24 1892
4. *Place of Birth, (Street and Number)*	112 S. Exeter St.
5. *Full Name of Mother,*	Anna Langan
6. *Mother's Maiden Name,*	Cunigham
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Langan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	427 E. Pratt St.
Remarks,	1892 0 0 0 4 0 2 4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 44000.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lester Frederick ~~Fauntleroy~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	1892 - 21 November
4. *Place of Birth, (Street and Number)*	564 Mosher st
5. *Full Name of Mother,*	Lucinda Fauntleroy
6. *Mother's Maiden Name,*	Lucinda Johnson
7. *Mother's Birthplace,*	Westmoreland Co Va
8. *Full Name of Father,*	Henry Irison Fauntleroy
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Lancaster Co Va.
Name of Medical Attendant, or other person who makes this Return,	Celeste Cook
Address,	144 Bradley st
Remarks,	GIVEN NAME ADDED 4-2-53 h.m. 0 4 0 2 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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A. 144001

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st November 1892

4. Place of Birth, (Street and Number) 538 E Pont Ave

5. Full Name of Mother, Kate Snyder

6. Mother's Maiden Name, Monshmont

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Snyder

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 736 E Pont Ave

Remarks, 1892000040 26

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st of November
4. *Place of Birth, (Street and Number)* 324 Poigan st.
5. *Full Name of Mother,* Mage Ulrich
6. *Mother's Maiden Name,* Mage Heil
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg Ulrich
9. *Father's Occupation* Beckenbuilder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Henke Midwife

Address, 2116 West Pratt st

Remarks,

1892000 4027

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H4003.

GIVEN NAME ADDED 12-7-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Cornelia~~ J. Topping

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 21st 1892
4. Place of Birth, (Street and Number)	1706 S - Charles
5. Full Name of Mother,	Mrs Olivia J Topping
6. Mother's Maiden Name,	Olivia J Bennett
7. Mother's Birthplace,	Statesville N C
8. Full Name of Father,	C M. Topping
9. Father's Occupation	Conductor
10. Father's Birthplace,	Portsmouth Va
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	753 W Lexington
Remarks,	

1892000402 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon the birth of any child shall, within ten days thereafter, report to the Commissioner of Health the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the person in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 144004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4"
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Nov 21 1892
4. Place of Birth, (Street and Number)	835 Ramsey
5. Full Name of Mother,	Eliza Stanley
6. Mother's Maiden Name,	" Dickey
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert Stanley
9. Father's Occupation,	Coal Dealer
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	18920004029

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 44006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Mary Grace Merrick
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 21- 1892
4. *Place of Birth, (Street and Number)*	1905 Wilkins ave
5. *Full Name of Mother,*	Hallie Merrick
6. *Mother's Maiden Name,*	Valiant
7. *Mother's Birthplace,*	Talbot Co
8. *Full Name of Father,*	Henry Merrick
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J C Benson M D
Address,	51 Hanover st
Remarks,	GIVEN NAME ADDED. 10-6-52

1892000 4030

DEC 5 1892

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-18-56

RETURN OF A BIRTH.

12 44006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Robinson

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 21st 1892
4. *Place of Birth, (Street and Number)*	1927 Linden Ave.
5. *Full Name of Mother,*	Mary E Robinson
6. *Mother's Maiden Name,*	Mary E Tucker
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Oliver P Robinson
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	West River, Md.
Name of Medical Attendant, or other person who makes this Return,	John D Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	1892000403 1

1892

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 22th. 92.
4. *Place of Birth, (Street and Number)* 2004 Fairmount Ave.
5. *Full Name of Mother,* Mary V. Pyte Ehrman
6. *Mother's Maiden Name,* " " Pyte
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. A. Ehrman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1916 Eastern Ave.

Remarks,

1892000 4032

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

44008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7 Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Tuesday November 22
4. *Place of Birth,* (*Street and Number*) # 514 Oxford St
5. *Full Name of Mother,* Elbetti Gale
6. *Mother's Maiden Name,* Elibeth Pane
7. *Mother's Birthplace,* Winchester Virginia
8. *Full Name of Father,* Alexander Gale
9. *Father's Occupation,* Trainter
10. *Father's Birthplace,* Bissile County

Name of Medical Attendant, or other Person who makes this Return. Mary J Truett

Address, 765 N Gilmor St.

Remarks, 1892 000 1033

and shall enter on such schedule the full name and color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a list of the births which have occurred under his or her care during the month, and the said schedule

RETURN OF A BIRTH. A 44009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Nov. 22. 92

4. Place of Birth, (Street and Number) 214 E. Chester St.

5. Full Name of Mother, Mrs. Jane Lea Shaw

6. Mother's Maiden Name, Mrs. Lea Lee

7. Mother's Birthplace, Liverpool England

8. Full Name of Father, James Shaw

9. Father's Occupation, Ship — Builder

10. Father's Birthplace, Manchester England

Name of Medical Attendant, or other person who makes this Return, G. A. Linthicum M. D.

Address, 2000 E. Baltimore St.

Remarks, Natural delivery

1892 0004034

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form) of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the event of the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1 14/010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 22 — 92

4. Place of Birth, (Street and Number) 1235 Rehert st

5. Full Name of Mother, Mary Lee Joyce Elder

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Balto Co.

8. Full Name of Father, Walter Joyce

9. Father's Occupation, Lineman

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, L. F. Frey.

Address, 2414 Gold-ave.

Remarks, R. C. L. Bro.

189200004035

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 17011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* Nov 2nd 97
4. *Place of Birth,* (Street and Number) 754 Vine St.
5. *Full Name of Mother,* Sarah Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, C. N. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

1 6 9 2 0 0 0 4 0 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov 22nd 97

4. *Place of Birth, (Street and Number)* 622 N. Lombard St.

5. *Full Name of Mother,* Carrie Thompson

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Larson M.D.

Address, 1622 N. Lombard St.

Remarks,

1892000 4037

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22 - 18-92
4. *Place of Birth, (Street and Number)*	Ramsey St No 19-37
5. *Full Name of Mother,*	Emma S Kuhn
6. *Mother's Maiden Name,*	Emma S Steiner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Kuhn
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 19-22 Wilkens Ave
Remarks,	

1892000403 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 22nd Nov. 1892
5. *Place of Birth, (Street and Number)* 611 S. Burke st
6. *Full Name of Mother,* Laura Virginia Vogel
7. *Mother's Maiden Name,* Laura Virginia Gray
8. *Mother's Birthplace,* Balto. City
9. *Full Name of Father,* John Andrew Vogel
10. *Father's Occupation* Carpenter
11. *Father's Birthplace,* Charlotte N. C.
12. *Name of Medical Attendant,* or other person who makes this Return, Mrs Hannah E Howard
13. *Address,* 912 ½ Pattinson Place
14. *Remarks,* Have not decided on name of the child.

1892 2000 40359

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 27 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, one

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Tuesday November 22

4. *Place of Birth, (Street and Number)* 114 Cross at

5. *Full Name of Mother,* Annie Wendel

6. *Mother's Maiden Name,* Annie Franckie

7. *Mother's Birthplace,* Darsey Germany

8. *Full Name of Father,* Henry Wendel

9. *Father's Occupation* Piano Maker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Lasdenhall Street

Remarks, 1892000 4040

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and address of the physician or practitioner in attendance upon the mother, immediately after the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 14096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 22th. 92.
4. *Place of Birth, (Street and Number)* 1215 Bank str.
5. *Full Name of Mother,* Louise Kern
6. *Mother's Maiden Name,* " Behrens
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Kern
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Heisenhofer

Address, 106 Eastern Ave.

Remarks, 1892000404 1

Wm. J. C. Dulany Co., City Printers and Stationers

44017.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 22, 1897
4. *Place of Birth, (Street and Number)*	912 E. Chase St
5. *Full Name of Mother,*	Mary Burke
6. *Mother's Maiden Name,*	Chaney
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm. F. Burke
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. E. Bunch M.D.
Address,	Cape St Helena
Remarks,	1892000040 42

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HH018

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Nov 22 1892
4. Place of Birth, (Street and Number) 813 S Exeter St
5. Full Name of Mother, Annie Hayes
6. Mother's Maiden Name, " " " Nathaniel
7. Mother's Birthplace, Germany
8. Full Name of Father, Thomas Hayes
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Maria Reid

Address, 726 N Schroeder St

Remarks,

1892 U 004043

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

A 4499.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 23rd 1892.

4. *Place of Birth, (Street and Number)* 19 Foothill Avenue Baltimore Md

5. *Full Name of Mother,* Mary Smith.

6. *Mother's Maiden Name,* Mary Hall

7. *Mother's Birthplace,* Hemmingsford Canada

8. *Full Name of Father,* Robert Charles Smith.

9. *Father's Occupation* Barber

10. *Father's Birthplace,* New York City New York

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hicks

Address, Carroll Post Office Md.

Remarks, 1892000404 4

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 144020.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 23th 1892
4. *Place of Birth, (Street and Number)* No 40 Loudon Ave
5. *Full Name of Mother,* Maggie Strause
6. *Mother's Maiden Name,* Maggie Willgrub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Strause
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1892000040 45

DEC

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. HH0 31.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov. 23-92
4. *Place of Birth, (Street and Number)* 115 W. Lombard.
5. *Full Name of Mother,* Maggie Jack.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, W. Wayland Frames

Address, 115 W. Lombard

Remarks,

1892 0004046

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* ..... female
2. *Race or Color, (if not of the white race)* ..... colored
3. *Date of Birth,* ..... Nov 24
4. *Place of Birth, (Street and Number)* ..... 11 N Smith Ave
5. *Full Name of Mother,* ..... Ida Collister
6. *Mother's Maiden Name,* ..... " " Rosedale
7. *Mother's Birthplace,* ..... Baltimore Md
8. *Full Name of Father,* ..... Frank Collister
9. *Father's Occupation,* ..... Caroline Rosedale
10. *Father's Birthplace,* ..... Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. ..... Phoebe A Schroeder M D

Address, ... 1166 N Schroeder st

Remarks, ...

1592000040047

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1916

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in charge, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 24 1892
4. *Place of Birth, (Street and Number)* Baltimore City 1161 Hamburg St
5. *Full Name of Mother,* Sarah Jackman
6. *Mother's Maiden Name,* Sarah Strauzer
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Louis Jackman
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Penn Pa

Name of Medical Attendant, or other person who makes this Return, Wm. M. Slaffer

Address, No 722 Hamburg St

Remarks, 1892000 4048

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

H4074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Nov 20th 92

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Mary Endrich.

6. Mother's Maiden Name, "

7. Mother's Birthplace, N. Y.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Ely M. D.

Address, 622 N. Lombard st.

Remarks,

1892 0 0 0 1 0 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th November 1892
4. Place of Birth, (Street and Number) 502 E Fort Ave
5. Full Name of Mother, Margaret K Ridgeman
6. Mother's Maiden Name, Flynn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ridgeman
9. Father's Occupation Baltimore
10. Father's Birthplace, Saloonen

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerwell

Address, 736 E Fort Ave

Remarks, 1892000 4050

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* colord
3. *Date of Birth,* november 24
4. *Place of Birth, (Street and Number)* chase st 24
5. *Full Name of Mother,* Lucy A Chase
6. *Mother's Maiden Name,* Lucy Duckett
7. *Mother's Birthplace,* norfolk & Bedford county
8. *Full Name of Father,* Daniel D Chase
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other person who makes this Return. Jno C Bell

Address, Biddle st 540

Remarks, 1892 0004051

J. B. GILMAN & CO., CITY PRINTERS AND STATIONERS.

occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* Nov. 20th 97

4. *Place of Birth, (Street and Number)* 592 Boyd st.

5. *Full Name of Mother,* Louisa Newman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st

Remarks, 1892000 4052

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 25
4. Place of Birth, (Street and Number)	1001 Riverside ave
5. Full Name of Mother,	Flenner Howe
6. Mother's Maiden Name,	M McGuire
7. Mother's Birthplace,	New Jersey
8. Full Name of Father,	Geo Howe
9. Father's Occupation,	Pres-man
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return,	L C Bunch MD
Address,	571 Hanover st
Remarks,	1892 0004053

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

114029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 25 — 1892

4. Place of Birth, (Street and Number) 1114 Philpot Alley

5. Full Name of Mother, Elisabeth Stein Schneider

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, John Stein

8. Full Name of Father, Laborer

9. Father's Occupation Baltimore

10. Father's Birthplace, Mary Stein

Name of Medical Attendant, or other person who makes this Return

Address, 1427 E. Pratt St.

Remarks, 1892000405 4

said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-22-55

RETURN OF A BIRTH. A 44030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bernhardt Edward 4th Harig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jul. 25 - 1892
4. *Place of Birth, (Street and Number)* 531 S. Gilmor St.
5. *Full Name of Mother,* Maggie S. Harig
6. *Mother's Maiden Name,* " " Gabl.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leonard Harig
9. *Father's Occupation,* Hardware Dealer
10. *Father's Birthplace,* Baltimore (Md.)

Name of Medical Attendant, or other person who makes this Return. Thudium (Coder M.D.)

Address, 900 N. Charles Street

Remarks, Baltimore Md.

1892000 4055

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A 14031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov. 25
4.	*Place of Birth, (Street and Number)*	Baltimore Florence St.
5.	*Full Name of Mother,*	Mary E. Amend
6.	*Mother's Maiden Name,*	Mary E. Gillmeyer
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	George Amend
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return,	Mrs. C. Faulstich
	Address,	2859 Sultan Ave end Clifton
	Remarks,	1092000405 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...sex, color, the full name and occupation of each child, if any shall have ...said schedule shall be delivered, duly signed by the practitioner, and the ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or ...the Commissioner of Midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall ...or parent shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health. In the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 25 November

4. *Place of Birth, (Street and Number)* 2613. Lanvester street

5. *Full Name of Mother,* Anna Dunkel.

6. *Mother's Maiden Name,* Schaffran.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Mark Dunkel

9. *Father's Occupation* Weaver.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Wm P. Lacrsmann

Address, 1225 Hare Street

Remarks, 1 8 9 2 0 0 0 4 0 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4/10 33.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25th 97
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Mary Carpenter.
6. Mother's Maiden Name,
7. Mother's Birthplace, Ga.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. N. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

1892000 4058

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health of Baltimore City requires that the sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 25th
4. *Place of Birth, (Street and Number)* Debaun Court Caidn Al
5. *Full Name of Mother;* Josephine Butler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Lawson. M.D.

Address, 622 N. Lanvale st.

Remarks, 1892000 4059

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Nov 25 1892
4. *Place of Birth (Street and Number),* 1831 Westphalia place
5. *Full Name of Mother,* Sophia Bangley
6. *Mother's Maiden Name,* " " " " "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Nicholas Whitman
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Wm E. Donaldson

Address, 1831 Light St

Remarks, Mother and child doing well

1892000 4060

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been collected its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 44036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th of November
4. *Place of Birth, (Street and Number)*	226 Paca St.
5. *Full Name of Mother,*	Mina Schneider
6. *Mother's Maiden Name,*	Mina Dingelat
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carl Schneider
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St.
Remarks,	1892000406

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colloud
3. *Date of Birth,* 25 of Nov
4. *Place of Birth, (Street and Number)* Little George st 709
5. *Full Name of Mother,* Jennie Jones
6. *Mother's Maiden Name,* Jennie Moodie
7. *Mother's Birthplace,* Tappahannock
8. *Full Name of Father,* Britton Jones
9. *Father's Occupation,* Coatchman
10. *Father's Birthplace,* Bowling Green Va

Name of Medical Attendant, or other person who makes this Return, Ellusee Cook

Address, 744 Brady Street

Remarks, 1 00 2 0 0 0 4 0 6 2

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H4038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 25 - 92

4. *Place of Birth, (Street and Number)* 900 N Wolfe

5. *Full Name of Mother,* Katie Dewell

6. *Mother's Maiden Name,* " Osterl

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Albert Dewell

9. *Father's Occupation* Grocerman

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Mary Blackwell

Address, 912 N Donough St.

Remarks, 1892000 4063

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third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM

RETURN OF A BIRTH.

14039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 26 — 1892
4. Place of Birth, (Street and Number) 406 S. Exeter St.
5. Full Name of Mother, Laura Brade
6. Mother's Maiden Name, King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J. Brade
9. Father's Occupation Tyler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E Pratt St.

Remarks,

1892 0004064

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 144040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 26th

4. Place of Birth, (Street and Number) 98 Booth St.

5. Full Name of Mother, Hannah Cook.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Elsey M. D.

Address, 622 N. Lombard st.

Remarks,

8 9 2 0 0 0 4 0 6 5

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-13-51

A. 44041

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name: Arthur ~~Thomas~~ 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 of November 1892
4. Place of Birth, (Street and Number) 1349 Hull St Lowest Point
5. Full Name of Mother, Luisa Thomas
6. Mother's Maiden Name, Luisa Jones
7. Mother's Birthplace, Britton Ferron Wales England
8. Full Name of Father, William Thomas
9. Father's Occupation, Supt
10. Father's Birthplace, Britton Ferron Wales England

Name of Medical Attendant, or other person who makes this Return, Lina Miller

Address, 1402 Towson St Lowest Point

Remarks, 1892000040666

said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, or such person as he may designate for the purpose, within three days after the birth; and the Commissioner of Health, or such person as he may designate for the purpose, shall issue a certificate setting forth the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, or such person as he may designate for the purpose, a certificate setting forth the date and place of birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or persons who shall be in attendance upon the mother, immediately thereafter, in the manner required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

#44047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 1892

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov the 26 - 18-92
4. *Place of Birth, (Street and Number)*	Lemon st No 13-25
5. *Full Name of Mother,*	Bridgit Burley
6. *Mother's Maiden Name,*	Bridgit Mahony
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michel Burley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs D Dalley
Address,	No 1922 Wilkins Ave
Remarks,	

0 9 2 0 0 0 4 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 44043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William Jenkins

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th November 1892
4. Place of Birth, (Street and Number) 117 E Cross St
5. Full Name of Mother, Frances Jenkins Hinsch
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, James Jenkins
8. Full Name of Father, Waterman
9. Father's Occupation King George Co Va
10. Father's Birthplace, Elizabeth Jewell

Name of Medical Attendant, or other person who makes this Return,

Address, 4362 Fort Ave

Remarks, 1892000 4068

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

H4044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Nov 26th
4. *Place of Birth, (Street and Number)* 124 Old York Road
5. *Full Name of Mother,* Mary Binder
6. *Mother's Maiden Name,* Mary Weidey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Binder
9. *Father's Occupation,* Locksmith & Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. J. Wise

Address, Waverly

Remarks,

1892000 4069

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

44045.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 26th. 92.
4. Place of Birth, (Street and Number) 1617 E. Eager Str.
5. Full Name of Mother, Theresia Mueller
6. Mother's Maiden Name, " Barnegg
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adolf Mueller
9. Father's Occupation Taylor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 1 0 9 2 0 0 0 4 0 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the date and place of birth; and the ...teen conferred, its sex, color, the full name and occupation of ...titioner in the form of a certificate between the first and ...e Commissioner of Health. In case the birth of any child ...practioner in midwifery, or should no other person be in ...said schedule shall be delivered, duly signed by the practitioner ...to the office of the Commissioner of Health, within the period above required, and ...third day of each and every month of a physician or practitioner in midwifery, or should no other person be in ...shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ...attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH.

1770 46.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George ~~Thomas~~ Kehoe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 26 1892
4. Place of Birth, (Street and Number) 118 Philpot Alley
5. Full Name of Mother, Caroline Kehoe
6. Mother's Maiden Name, Schaumberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Kehoe
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return Mary Stein

Address. 1427 E Pratt St.

Remarks. 1 3 9 2 0 0 0 4 0 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 44047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov - 26 - 1892
4. *Place of Birth, (Street and Number)* 1448 Battery Ave
5. *Full Name of Mother,* Elizabeth Norris
6. *Mother's Maiden Name,* " Hughes
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John F. Norris
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Theodore Coates M.D.

Address, 914 N. Charles St Balt - Md.

Remarks, 1892000407 2

Months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH.

44048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2 1892
4. Place of Birth, (Street and Number) 1328 Gilmor
5. Full Name of Mother, Roberta Ruckle
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas L Ruckle
9. Father's Occupation, Salesman
10. Father's Birthplace, N Ca

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler MD

Address, 2100 Druid Hill Ave

Remarks,

1892000407 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 27 92
4. Place of Birth, (Street and Number)	710 Fulton Ave.
5. Full Name of Mother,	Eliz. Bartels
6. Mother's Maiden Name,	L. Schneider
7. Mother's Birthplace,	Va.
8. Full Name of Father,	G. Bartels
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	736 E. Preston St.
Remarks,	1892 0004074

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

H4050.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nancy Hollingsworth Howard DeFord

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)	Third
1. *Sex,* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	November 27th 1892
4. *Place of Birth,* (*Street and Number*)	29 East Monument St
5. *Full Name of Mother,*	Lydia DeFord
6. *Mother's Maiden Name,*	Lydia Howard
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William DeFord
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	H. O. Wilson M.D.
Address,	814 South Stiemmore
Remarks,	Name added from affidavit of Mother signed Feb 11, 1937.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

On Record

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. 4945

PLACE OF BIRTH

CITY OF BALTIMORE (No. 29 E. Mt. Vernon Place St. ; 11 Ward)

Hollingsworth

Full name of child Nancy Howard DeFord (If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

Sex F | If plural births: 4. Twin, triplet or other ___ 5. Number, in order of birth ___ | 6. Premature ___ Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Nov. 27, 1892 (Month, day, year)

FATHER

Full name William DeFord

Residence (usual place of abode) (If nonresident, give place and State) 29 E. Mt Vernon Place

Color or race White | 12. Age at last birthday 38 (years)

Birthplace (city or place) Baltimore, Md (State or country)

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar

Date (month and year) last engaged in this work Nov. 1892 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Lydia Hollingsworth Howard

19. Residence (usual place of abode) (If nonresident, give place and State) 29 E. Mt Vernon Place

20. Color or race White | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Baltimore, Md (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Nov. 1892, 19 | 26. Total time (years) spent in this work 5

Number of children of this mother, including this child 3 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1 (Before labor ___ During labor ___)

If stillborn, period of gestation — {months or weeks} | 29. Cause of stillbirth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify ~~that I attended~~ to the birth of this child, who was born alive at ___ m. on the date above stated. Feb 20-37

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Huntington Williams, M.D.

or Commissioner of Health, Registrar of Vital Statistics

Address ___

Filed ___, 19 ___

If name added from supplemental report ___ (Date of)

Registrar. Registrar.

RETURN OF A BIRTH. H40.51.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th November 1892
4. *Place of Birth, (Street and Number)* 1005 W. Baltimore st
5. *Full Name of Mother,* Lizzie Kranz
6. *Mother's Maiden Name,* Lizzie Braunmeiler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Braunmeiler
9. *Father's Occupation,* Liquor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pepperell St

Remarks, 8920004077

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27.
4. Place of Birth, (Street and Number) 512 Fawn St.
5. Full Name of Mother, Mary Schultz
6. Mother's Maiden Name, Phillips
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas Schultz
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Scarbrough

Address, 12 Montgomery St.

Remarks,

8920004078

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th November 1850
4. *Place of Birth, (Street and Number)*	Marye Lacob
5. *Full Name of Mother,*	Marye Roth
6. *Mother's Maiden Name,*	Germany
7. *Mother's Birthplace,*	August Lacob
8. *Full Name of Father,*	Taylor
9. *Father's Occupation*	Germany
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Friederike Wenker midwife
Address,	216 West Pratt St
Remarks,	8920004079

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 November
4. *Place of Birth, (Street and Number)* S. Chapel St. 518
5. *Full Name of Mother,* Lizzie Pelt
6. *Mother's Maiden Name,* Lizzie Edelberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Pelt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern ave City

Remarks, 1 8 9 2 0 0 0 4 0 8 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of a physician or practitioner in case no other person be in shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above stated, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

H4055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 27th 92.
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Gertrude Herrick
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Coles M. D.
Address, 622 N. Lombard St.
Remarks,

8920004081

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H4056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, November 27th
4. Place of Birth, (Street and Number) 511 South Patterson Park ave,
5. Full Name of Mother, Mary Elmer Hartell
6. Mother's Maiden Name, Mary " Kuhn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John M Hartzell
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Amelia Sommers

Address, 611 South Patterson Park ave

Remarks, 1 8 9 2 0 0 0 4 0 8 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The parent, guardian or other person having charge of any child born in the City of Baltimore shall see to it that the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the number, and shall see to it that a certificate of the same be made out in the form duly certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form duly certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 44057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 27 - 92
4. Place of Birth, (Street and Number) 539 N. Washington
5. Full Name of Mother, Annie Maggie ~~Frank~~ Smith
6. Mother's Maiden Name, " " Zech
7. Mother's Birthplace, City
8. Full Name of Father, Jno. Frank Smith
9. Father's Occupation, Trimmer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. P. G. Dausch

Address, 1729 E. Balto. St

Remarks, 18920004083

Said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 44058.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, November 28th 1892
4. Place of Birth, (Street and Number) 528. West Biddle st
5. Full Name of Mother, Henrietta West
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Upper Marlboro Prince Georges Co. Md.
8. Full Name of Father, Lloyd Brown
9. Father's Occupation, U. S. navy
10. Father's Birthplace, Upper Marlboro Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return. Lacy Cornish

Address, 255 Channel Alley

Remarks, 1 8 9 2 0 0 0 4 0 8 4

...its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...occur without the attendance of a physician or practitioner of midwifery, or should the parents of such ...dance upon the mother, immediately thereafter it shall become the duty of the person above required, and ...to report its birth to the Commissioner of Health, in the manner and within the period above required. And ...each person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...ct to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 28 92
4. *Place of Birth, (Street and Number)* 829 N Wolfe St
5. *Full Name of Mother,* Lillie Ad
6. *Mother's Maiden Name,* " Rupert
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* Ernst Ad
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

1 8 9 2 0 0 0 4 0 8 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44060.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 20th 1892
4. *Place of Birth, (Street and Number)* Baltimore, 1129 Gears Court
5. *Full Name of Mother,* Annie Dixon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Dixon
9. *Father's Occupation,* Oyster shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane Ireat

Address, 804 Stirling Street.

Remarks, 8920004086

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. HH061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 28 — 1892
4. *Place of Birth, (Street and Number)* 1004 Eastern Ave.
5. *Full Name of Mother,* Ollietta Valentino
6. *Mother's Maiden Name,* Augustino
7. *Mother's Birthplace,* Italia
8. *Full Name of Father,* Mozca Valentino
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, 8920004087

Said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 144067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 28th. 92.
4. Place of Birth, (Street and Number) 1501 Mulliken Ste.
5. Full Name of Mother, Kathr Dietz
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Baltot.
8. Full Name of Father, Konrad Dietz
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 1806 Eastern Ave.

Remarks, 8920004088

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 44063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Nov 28 1892
4. *Place of Birth (Street and Number),*	424 Jefferson (Homestead)
5. *Full Name of Mother,*	Anna Schultz
6. *Mother's Maiden Name,*	Gruzmacher
7. *Mother's Birthplace,*	Berlin, Prussia
8. *Full Name of Father,*	Hans E. Schultz
9. *Father's Occupation,*	Naval Engineer
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other person who makes this Return.	L.F. Monmonier
Address,	654 Concord Ave.
Remarks,	

8 9 2 0 0 0 4 0 8 9

Baltimore Publishing Co., City Printers and Stationers

...shall see forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

HH064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28th November
4. Place of Birth, (Street and Number) No 2228 Canton ave
5. Full Name of Mother, Charlotte Hammer
6. Mother's Maiden Name, Charlotte Ebbighausen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Hammer
9. Father's Occupation, Cross Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia Summers

Address, 611 South Patterson Park ave

Remarks, 8920004090

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O SULLANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 28 — 1892
4. Place of Birth, (Street and Number)	247 S. Eden St.
5. Full Name of Mother,	Bridget C. Eustace
6. Mother's Maiden Name,	Hogan
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Levi Eustace
9. Father's Occupation	Police Officer
10. Father's Birthplace,	Syracuse N Y
Name of Medical Attendant, or other person who makes this Return	Mary Steirk
Address,	1427 E. Pratt St.
Remarks,	1892000 4091

1892

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Nov 29 16
4.	*Place of Birth, (Street and Number)*	No 1208 Hanover St
5.	*Full Name of Mother,*	Ella Graig Kiss
6.	*Mother's Maiden Name,*	Balto Md
7.	*Mother's Birthplace,*	Theodore Graig
8.	*Full Name of Father,*	Laborer
9.	*Father's Occupation,*	Balto Md
10.	*Father's Birthplace,*	Annie Evans
	Name of Medical Attendant, or other person who makes this Return,	No 1018 S. Charles St.
	Address,	Yours Respectfully
	Remarks,	1892 000409 K

been conferred upon the mother, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 28, 92
4. *Place of Birth, (Street and Number)* 501 S Ann St
5. *Full Name of Mother,* Barbara Guckert
6. *Mother's Maiden Name,* Protzman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Christopher Guckert
9. *Father's Occupation* Lumber Inspector
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks, 8920004093

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins 5 and 6
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 28th 1892
4. *Place of Birth, (Street and Number)*	No 24 Cross st
5. *Full Name of Mother,*	Mary Daily
6. *Mother's Maiden Name,*	Mary Kelcher
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Daily
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Horning
Address,	No 1517 Byrd st
Remarks,	

8920084094

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44069.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to promptly with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 20th 1892
4. Place of Birth, (Street and Number) 21 E Schroeder St
5. Full Name of Mother, Lennie Nolan
6. Mother's Maiden Name, " " " Shade
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Carl Nolan
9. Father's Occupation, Butler at Hairdressing
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Mrs Wm Nolan

Address, 21 E Schroeder St

Remarks,

8920004095

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 14070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1892.
4. Place of Birth, (Street and Number) 1870 Barclay St.
5. Full Name of Mother, Laura G. Burkhardt.
6. Mother's Maiden Name, " " Bradburn.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno G. Burkhardt.
9. Father's Occupation, Conductor on N.C.R.R.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Perry M.D.

Address, 2008 Chase St.

Remarks,

8920004096

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-29-66

RETURN OF A BIRTH. A 41407 1.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. ~~Estelle~~ Roselle E. Parr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1892
4. Place of Birth, (Street and Number) 1152 N Fulton
5. Full Name of Mother, Bella Parr
6. Mother's Maiden Name, Bibb
7. Mother's Birthplace, Va
8. Full Name of Father, Robert Parr
9. Father's Occupation, Clerk
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Chas Estadter

Address, 2100 Druid Hill Ave

Remarks,

8920004097

Said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A-44077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 29, 1897
4. *Place of Birth, (Street and Number)*	1009 E Biddle St
5. *Full Name of Mother,*	Mary Hayes
6. *Mother's Maiden Name,*	Ford
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Charles J Hayes
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J L Crouse, MD
Address,	Eager & Wilcox
Remarks,	8920004098

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* November 29, 1892.
4. *Place of Birth, (Street and Number)* 575 Oliver Place.
5. *Full Name of Mother,* Agnes Mary Orrion.
6. *Mother's Maiden Name,* Councell
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Joseph M. Orrion.
9. *Father's Occupation,* Pattern-Maker
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

8920004099

Wm J C. Dulany Co., City Printers and Stationers.

...and Section of the Parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the ...by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

L 44074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 29-1892
4. *Place of Birth, (Street and Number)*	1211 W. Lombard
5. *Full Name of Mother,*	Margaret A. Mooney
6. *Mother's Maiden Name,*	Margaret A. Traindt
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Edward P. Mooney
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Susan Hundie
Address,	231 Pappelton St
Remarks,	1892000041 00

Attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

DEC 1 1892

RETURN OF A BIRTH. A 44075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 29th 1892
4. *Place of Birth, (Street and Number)*	1524 W. Pratt St
5. *Full Name of Mother,*	Mrs. Anna M. Greason
6. *Mother's Maiden Name,*	Anna M. McKeown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Greason
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	753 W Lexington
Remarks,	

8920004101

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H4076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 29 1892
4. *Place of Birth, (Street and Number)*	Eagle street 2020
5. *Full Name of Mother,*	Ellie Mcomas
6. *Mother's Maiden Name,*	Ellie viard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Washington Mcomas
9. *Father's Occupation*	Colored
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Sellers
Address,	N 12 22 Wilkins Ave
Remarks,	

8920004102

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H4077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov. 29th/92 12 30 P M.

4. *Place of Birth, (Street and Number)* 211 Lee st. Balto Md.

5. *Full Name of Mother,* Minnie Deibel

6. *Mother's Maiden Name,* Minnie Prechtel

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Geo. G. Deibel

9. *Father's Occupation* Foreman G. W. Gail & Ax tobacco works

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

1 8 9 2 0 0 0 4 1 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...th, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 29th 1892.
4. *Place of Birth, (Street and Number)*	1628 W. Baltimore St
5. *Full Name of Mother,*	Elizabeth Harry
6. *Mother's Maiden Name,*	Elizabeth Parish
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Abram Harry
9. *Father's Occupation,*	Shirt Cutter
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return.	H. Jenkins
Address,	400 Cathedral St.
Remarks,	1 8 9 2 0 0 0 4 1 0 4

J. D. GALANT & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH

44079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Catherine Elizabeth Boston 6

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Nov 29 1892
4. Place of Birth (Street and Number), 125 Hughes St
5. Full Name of Mother, Josiana Boston
6. Mother's Maiden Name, Burns
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, George Boston
9. Father's Occupation, Carter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Dr. E Donaldson

Address, 1831 Eutaw St

Remarks, Mother and Child doing Well

89 2 0 0 0 4 1 0 5

Form No. 1. Under the Act of 1898, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Williams Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 44080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 29.
4. Place of Birth, (Street and Number) E Lombard St 1720
5. Full Name of Mother, Catarine Day
6. Mother's Maiden Name, Catarine Day
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, unKown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 913 Eastern ave City

Remarks,

8920004106

The Name and Residence of the Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 29, 1892
4. *Place of Birth, (Street and Number)*	249 Canal Alley
5. *Full Name of Mother,*	Mary Emma [illegible]
6. *Mother's Maiden Name,*	" " Ross
7. *Mother's Birthplace,*	Cambridge
8. *Full Name of Father,*	Charles Owens
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Anne Arundel County
Name of Medical Attendant, or other person who makes this Return,	Mrs Louisa Lane
Address,	642 Eastern Ave
Remarks,	8920004107 City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 29 1891
4. *Place of Birth, (Street and Number)* 641 Barre St
5. *Full Name of Mother,* Lillie Schaefer Bengel
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Henry Schaefer
8. *Full Name of Father,* Bernhardt Bengel
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Hildegarde Klifer

Address,

Remarks, 0891 2 0 0 0 5 4 1 0 8 Eb

said schedule shall be delivered, duly signed by the practitioner in ... the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately if hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H4083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of November 1892
4. Place of Birth, (Street and Number) 1715 Linwood
5. Full Name of Mother, Rose Saunders
6. Mother's Maiden Name, Bettinger
7. Mother's Birthplace, Williamsport Md
8. Full Name of Father, Thomas Sutton
9. Father's Occupation, Bottler
10. Father's Birthplace, Mrs Ch. Saunders

Name of Medical Attendant, or other person who makes this Return, Dr Hayford Cut

Address, 1059

Remarks, 1 Boy 2 Dead 1 Living

said schedule shall be delivered, duly signed by the practitioner ... and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

A 44084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Lite
3. *Date of Birth,* The 29 of November 1892
4. *Place of Birth, (Street and Number)* No 1316 Vint St
5. *Full Name of Mother,* Emily Snowden
6. *Mother's Maiden Name,* Emily Gosnell
7. *Mother's Birthplace,* Hoodmill Md.
8. *Full Name of Father,* Vincent F. Snowden
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Allentown Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Ch. Lauer

Address, No 1039 Fairmont Ave

Remarks, Md

8 9 2 0 0 0 4 1 1 0

1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Sec. 3. And be it further enacted, That the said schedule shall contain the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 29, 1892
4. *Place of Birth, (Street and Number)*	1010 Register Ave
5. *Full Name of Mother,*	Ella E. Klaus
6. *Mother's Maiden Name,*	Dorsey
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Philip V. Klaus
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. E. Bruce M.D.
Address,	Fayette & Wolfe
Remarks,	8920004111

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 29th 92
4. *Place of Birth, (Street and Number)*	1930 Linden Ave
5. *Full Name of Mother,*	Lilian Depkin
6. *Mother's Maiden Name,*	[redacted]
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard Depkin
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

8920004112

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44086 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	30. November.
4. *Place of Birth, (Street and Number)*	304 Rich Street.
5. *Full Name of Mother,*	Maria Jahl
6. *Mother's Maiden Name,*	Fechner.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Michael Jahl
9. *Father's Occupation*	Farber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. P. Leiserman,
Address,	125 Hare Street.
Remarks,	8920004113

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 47087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Nov 00/90
4. Place of Birth, (Street and Number) No. 1427 Battery Ave
5. Full Name of Mother, Alice Wagner
6. Mother's Maiden Name, " Leidlick
7. Mother's Birthplace, Ballo Md
8. Full Name of Father, George Leidlick
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Ballo Md

Name of Medical Attendant, or other person who makes this Return, Annie Jeems

Address, No 1600 S. Charles St.

Remarks, Yours Respectfully,

1892 00041 14

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

When conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892=7 RETURN OF A BIRTH. 43793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 November
4. Place of Birth, (Street and Number) 1123 Stiles alley
5. Full Name of Mother, Catherine Rahn
6. Mother's Maiden Name, Catherine Thies
7. Mother's Birthplace, Germany
8. Full Name of Father, John Rahn (Meuerschmitt)
9. Father's Occupation Cutler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Kavanagh

Address, Fulton Street

Remarks,

1892000411 5

And no child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Mar. 13. 92
4. *Place of Birth, (Street and Number)*	1614 E Monument St.
5. *Full Name of Mother,*	Mary Jabon
6. *Mother's Maiden Name,*	" Banke
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Johan Banke Jabon
9. *Father's Occupation*	Clothing Cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lara Caroline Miller
Address,	1605 Walker St Balto Md.
Remarks,	

8 9 2 0 0 0 4 1 1 6

month, an account setting forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13 th
4. *Place of Birth, (Street and Number)* Edmondson Ave 1813
5. *Full Name of Mother,* Annie Schlosser
6. *Mother's Maiden Name,* Annie Sommer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schlosser
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1100 Chester St

Remarks, 8920004117

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1/3796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 13th 1895
4. Place of Birth, (Street and Number) 416 S. Donath
5. Full Name of Mother, Mary Langlotz
6. Mother's Maiden Name, Mary Lewis
7. Mother's Birthplace, St. Marys Co. Md.
8. Full Name of Father, A. Langlotz
9. Father's Occupation, Lorgan maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, M. J. Lemon
- Address, 239 Kavanaugh st.
- Remarks, Stillborn child

1892 NOV 28

1892000411 8

Penalty.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th
4. Place of Birth, (Street and Number) Lester st 1812
5. Full Name of Mother, Carrie Sevan
6. Mother's Maiden Name, Carrie Buttenbaum
7. Mother's Birthplace, Germany
8. Full Name of Father, William A. Sevan
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 Lester st

Remarks, 1892000 4119

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

43798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th male

1. Sex, (state whether male or female) male Child

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 November

4. Place of Birth, (Street and Number) 70 Fremont ave

5. Full Name of Mother, Mollie Wade

6. Mother's Maiden Name, Mollie Kohrs

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wade

9. Father's Occupation Electric

10. Father's Birthplace, Abingdon Va

Name of Medical Attendant, or other person who makes this Return, Dina Hillagiest

Address, 137 S E Fremont

Remarks,

8 9 2 0 0 0 4 1 2 0

Penalty for refusing to make this Return, or for making a false Return, ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

43799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14th
4. Place of Birth, (Street and Number) 630 Wolfe St.
5. Full Name of Mother, Mary Bargrefski
6. Mother's Maiden Name, Tatalerski
7. Mother's Birthplace, Poland
8. Full Name of Father, Joe Bargrefski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Wolzyk

Address, 806 Ann St.

Remarks,

18920004121

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 14th
4. *Place of Birth, (Street and Number)*	Baltimore Federal Av 38
5. *Full Name of Mother,*	Anna K. Devine
6. *Mother's Maiden Name,*	Anna K. Schultz
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James F. Devine
9. *Father's Occupation*	Car conductor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Smith
Address,	Canton P.O.
Remarks,	Baltimore Md

1892000 4122

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible]tures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 43801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ♂

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 16 92

4. *Place of Birth, (Street and Number)* 1084 Edmondson Ave

5. *Full Name of Mother,* Bertha Thompson

6. *Mother's Maiden Name,* Kachlert

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Wm. H. Thompson

9. *Father's Occupation,* Manager

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Edmondson Ave

Remarks, 1892000 4123

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 16th.

4. *Place of Birth, (Street and Number)* 74 Cole St. Canton

5. *Full Name of Mother,* M. J. Schmidt

6. *Mother's Maiden Name,* " Kuhn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John H. Schmidt

9. *Father's Occupation,* Engineer and Contr.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M. J. Lenane

Address, 339 S. Broadway

Remarks, Very advanced and had a midwife

1 8 9 2 0 0 0 4 1 2 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 16 1892
4. *Place of Birth, (Street and Number)* No 1512 Aisquith Ave
5. *Full Name of Mother,* Ellen Viener Gruver
6. *Mother's Maiden Name,* Gruver
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Vincent Gruver
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. Gruver

Address, No 1907 E Monument St

Remarks, 18920004125

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-22-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 16, 1892 — Wednesday Forenoon 10
4. *Place of Birth, (Street and Number)*	777 Columbia ave.
5. *Full Name of Mother,*	Wilhelmine Wagenfer
6. *Mother's Maiden Name,*	Wilhelmine Faust.
7. *Mother's Birthplace,*	Jauferweiler Germany
8. *Full Name of Father,*	Bernard Henry Wagenfer
9. *Father's Occupation*	Brass Polisher
10. *Father's Birthplace,*	Baltimore City Maryland
Name of Medical Attendant, or other person who makes this Return,	Jno Boyce
Address,	1116 Lee St
Remarks,	1892000412 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16th 1892
4. Place of Birth, (Street and Number) 1035 N. Mount St.
5. Full Name of Mother, Mary Humphrey
6. Mother's Maiden Name, McEvoy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robert B. Humphrey
9. Father's Occupation, Dealer in dried beef
10. Father's Birthplace, Georgetown D.C.

Name of Medical Attendant, or other person who makes this Return. Geo. W. Watson

Address, 1639 W. Lafayette Ave

Remarks, Doing well

8920004127

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as penalties and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41,806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 23 1892

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c)* 2d
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Nov 20th
5. *Place of Birth, (Street and Number)* Orchard St near Hall
6. *Full Name of Mother,* Mrs Louisa Schlegel
7. *Mother's Maiden Name,* Louisa Harper
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* George Schlegel
10. *Father's Occupation,* Mechanic
11. *Father's Birthplace,* Balto
12. *Name of Medical Attendant,* or other person who makes this Return. Dr L H Graham
13. *Address,* 1224 Light St
14. *Remarks,* Private

1892000 4128

6M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 73804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children 4 These are Twins

1. Sex, (~~state whether male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15th 1892
4. Place of Birth, (Street and Number) 1761 North East Ave
5. Full Name of Mother, Frances E. Wagner
6. Mother's Maiden Name, Frances E Wagner
7. Mother's Birthplace, Anne Arundell County Md
8. Full Name of Father, John C. Wagner
9. Father's Occupation, Insurance Superintendant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Geo W Wagner

Address, 1609 N. Lafayette Ave

Remarks, Ten minutes between births doing well

1892000 4129

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child
the Commissioner of Health. Midwifery, or should no other person be in
or practitioner it shall become the duty of the person or parents of such
third day of each and every month to the office of the Commissioner of Health. Midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall be the duty of the physician or midwife in attendance, and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 15th
4. *Place of Birth, (Street and Number)*	1562 Thames St
5. *Full Name of Mother,*	Mary Schwartz
6. *Mother's Maiden Name,*	Bandachdek
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Valentin Schwartz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krdzyka
Address,	806 Aliceanna St.
Remarks,	1892000413 0

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 Nov, 1892
4. *Place of Birth, (Street and Number)* 1515 Alisanna st
5. *Full Name of Mother,* Louisa Greason
6. *Mother's Maiden Name,* Louisa Engelhart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tomas Greason
9. *Father's Occupation,* Machines
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond st

Remarks,

1 8 9 2 0 0 0 4 1 3 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED GIVEN NAME ADDED 10-3-56 H3810

RETURN OF A BIRTH. 23-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara May ~~Fischer~~ Fischer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 November 1892

4. Place of Birth, (Street and Number) 904 Baran St.

5. Full Name of Mother, Mary ~~Fischer~~ Fischer

6. Mother's Maiden Name, Mary C. Rickarts

7. Mother's Birthplace, Balto.

8. Full Name of Father, Julius ~~Fischer~~ Fischer

9. Father's Occupation Toucheter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 Cross St.

Remarks, 18920004132

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 43871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	17 Nov 1892
4. *Place of Birth, (Street and Number)*	233 Dallas St
5. *Full Name of Mother,*	Ellen Nora Wilson
6. *Mother's Maiden Name,*	Ellen Nora Harris
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	John Wilson
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Georgie A Brooks
Address,	1752 Mulliken St
Remarks,	no remarks

1892000041 33

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 43874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 28 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17. 92
4. Place of Birth, (Street and Number) 2011 E. Preston St.
5. Full Name of Mother, Mary Shanahan
6. Mother's Maiden Name, Mary Cohen
7. Mother's Birthplace, Ireland
8. Full Name of Father, Dennis Shanahan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. D. Ligbtbart

Address, 1214 Linwood Ave

Remarks,

1 8 9 2 0 0 0 4 1 3 4

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 18 11
4. *Place of Birth, (Street and Number)* Sarg st 1538
5. *Full Name of Mother,* Marie Bergman
6. *Mother's Maiden Name,* Marie Couch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John A Bergman
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N. Chester st

Remarks, 1892000 4135

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 43814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 18 '92
4. Place of Birth, (Street and Number) 113 N. Chapel St
5. Full Name of Mother, Maggie Schwanberger
6. Mother's Maiden Name, Schanes
7. Mother's Birthplace, Germany
8. Full Name of Father, Nicholas Schwanberger
9. Father's Occupation Coop Worker
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 2 0 0 0 4 1 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The attendant shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov. 18th, 1892
4. *Place of Birth (Street and Number)*	Cor. Ashland Ave & Saumerset St
5. *Full Name of Mother*	Mary S. Hoover
6. *Mother's Maiden Name*	" " Guy
7. *Mother's Birthplace*	Baltimore, Md
8. *Full Name of Father*	Edw. G. Hoover
9. *Father's Occupation*	Coach Painter
10. *Father's Birthplace*	Hagerstown, Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Guy
Address	924 E. Monument St
Remarks	Fine healthy child

1892 NOV 28

1892 No. 43816

1892 0004137

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 4386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 19. 92
4. *Place of Birth, (Street and Number)* 2029 Fairmount Ave.
5. *Full Name of Mother,* Mary Meisheim
6. *Mother's Maiden Name,* " Hoose
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Meisheim
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks, 8920004138

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Nov 19 th 1892
4. *Place of Birth, (Street and Number)*	1942 N. Henry St.
5. *Full Name of Mother,*	Mrs Mary Schmidt
6. *Mother's Maiden Name,*	Miss " Young
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John Schmidt
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	8 9 2 0 0 0 4 1 3 9

been conferred) its sex, color, the full name and occupation of its parent ... date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form ... certificate between the first and third day of each and every month to the office of the Commissioner of H... In case the birth of any child shall occur without the attendance of a physician or practitioner of midw... of the person or parents of such attendance upon the mother, immediately thereafter it shall become the ... should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, the day and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 13818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	November 20th 92.
4. *Place of Birth, (Street and Number)*	834 Hopkins Ave.
5. *Full Name of Mother,*	Maggie Ennis
6. *Mother's Maiden Name,*	Maggie Wheat
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Thomas H. Ennis
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. H. A. Heyn M.D.
Address,	1019 N. Caroline St.
Remarks,	8920004140

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Nov 20th 1892

4. *Place of Birth, (Street and Number)* No 1736 E Monument

5. *Full Name of Mother,* Sadie Barton

6. *Mother's Maiden Name,* Schimmel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Antony Barter

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs L Gross

Address, No 1917 E Monument St

Remarks, 8920004141

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20. th. November 1892
4. *Place of Birth, (Street and Number)*	Hull Str. 147-30 1/2
5. *Full Name of Mother,*	Lizzie Meil
6. *Mother's Maiden Name,*	Lizzie Hees
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Georg Meil
9. *Father's Occupation,*	Leber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaupler
Address,	Fort Ave No 1708
Remarks,	

1892000 4142

Health. This schedule shall contain a list of the births which may occur under the provisions of this section during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 November 1892.

4. *Place of Birth, (Street and Number)* 1316 Light St.

5. *Full Name of Mother,* Clara Velte

6. *Mother's Maiden Name,* Clara Bunke

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Velte

9. *Father's Occupation* Barber

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Boerger

Address, 711 Cross Street

Remarks, 1892 0004143

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 21st 1892
4. Place of Birth, (Street and Number) 1615 Druid Hill Ave
5. Full Name of Mother, Frances Clemson
6. Mother's Maiden Name, Frances Gorgon
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Richard H. Clemson
9. Father's Occupation, Police Officer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. Baetjer Balto Md.

Address, 700 S. Broadway

Remarks, Born Nov. 21, 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

H38 23

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 21 st.

4. *Place of Birth, (Street and Number)* 712 N. Howard ave.

5. *Full Name of Mother,* Nanetta Lenz Lingen

6. *Mother's Maiden Name,* Pila.

7. *Mother's Birthplace,* Carlsruhe Germany

8. *Full Name of Father,* Theodore H. Lenz

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks, + 8920004145

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in medicine, or should no other person be in attendance upon the mother, the midwife, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43824.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21 1892

4. Place of Birth, (Street and Number) 1423 Winchester St

5. Full Name of Mother, Louisa E Preegoy

6. Mother's Maiden Name, Archer

7. Mother's Birthplace, Baltimore Harford Co Md

8. Full Name of Father, Wm J Preegoy

9. Father's Occupation, Machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Ira J Zellerhoff M D

Address, 900 N Fulton Ave

Remarks, 8920004146

1892 NOV 28

shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 43875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 21 1892
4. Place of Birth, (Street and Number) 31 Jackson St Homestead and 1
5. Full Name of Mother, Mary Moyers
6. Mother's Maiden Name, - - Clark
7. Mother's Birthplace, Maryland
8. Full Name of Father, William F Moyers
9. Father's Occupation, Labor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H Young M D 1st Mark. Ins

Address, 237 Gorsuch Avenue

Remarks, 1892 1892 1892

RETURN OF A BIRTH. A 43826.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Nov 21st 1892
4. *Place of Birth, (Street and Number)*	#2133 Vine St
5. *Full Name of Mother,*	Mrs Bertha Naylor
6. *Mother's Maiden Name,*	Miss " Sled
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Thomas Naylor
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hill
Address,	# 2127 W Pratt St
Remarks,	8920004148

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 22/92
4. *Place of Birth, (Street and Number)*	2101 Orleans St
5. *Full Name of Mother,*	Lucie Griffin Moore
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas H. Gilbert
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Miss Emma Twist
Address,	191 E. Eden St.
Remarks,	1892000 4149

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22 - 1892
4. *Place of Birth, (Street and Number)*	806 S Fremont av
5. *Full Name of Mother,*	Amanda V Karhiere
6. *Mother's Maiden Name,*	" " Everett
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Henry Karhiere
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
Address,	711 Eden St
Remarks,	1892000 4150

Health. This schedule shall contain a list of the full name of each child, (if any shall have been ascertained the full name as far as the same can be ascertained) its sex, color, the full name and occupation of its parent, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the first and last day of each and every month to the office or practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22 02 1324 Light St.
4. Place of Birth, (Street and Number) 1324
5. Full Name of Mother, [redacted] Lee Schuler
6. Mother's Maiden Name, Kate McLeod
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm Geo Schuler
9. Father's Occupation, Engineer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Dr. A. F. Baker

Address, 1324 Light Street.

Remarks, Instrumental

1892000415 1

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the residence of the parents at the time of the birth of the child. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge of the case, or by the nurse in attendance, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Child
3. *Date of Birth,* 22 of Nov
4. *Place of Birth, (Street and Number)* 12 b Lover st
5. *Full Name of Mother,* Emma Riddle
6. *Mother's Maiden Name,* Emma Thomas
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Nicholas Riddle
9. *Father's Occupation,* Bar tender
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Millie Brown

Address, 17 Miriam st

Remarks, † 6 9 2 0 0 0 4 1 5 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Nov 22 nd 1892
4. *Place of Birth, (Street and Number)*	# 426 Western Cemetery Lane
5. *Full Name of Mother,*	Mrs Louisa Brettschneider
6. *Mother's Maiden Name,*	Wife " Dornhoff
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Heinrich Brettschneider
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Weiller
Address,	# 2127 W Pratt Str
Remarks,	+ 8 9 2 0 0 0 4 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth Child.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	29th of Nov. 1892.
4.	*Place of Birth, (Street and Number)*	Baltimore Md 207 Parkin St
5.	*Full Name of Mother,*	Rosie Potoka.
6.	*Mother's Maiden Name,*	Rosie Hekouska.
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	Stanislads Potoka.
9.	*Father's Occupation,*	Black-smith.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	Mary Kraning.
	Address,	414 S Stricker St Baltimore Md.
	Remarks,	Mother and Child are doing well.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 23d
4. Place of Birth, (Street and Number) 1136 Argyle Ave
5. Full Name of Mother, Almira V. Klages
6. Mother's Maiden Name, " " Famiel
7. Mother's Birthplace, Balto City
8. Full Name of Father, Hugh A. Klages
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Leo G. Huck

Address, # 647 N. Lafayette Ave

Remarks, 18920004155

1892

Health. This schedule shall contain a list of the names and the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

43834

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2-6-1892

4. Place of Birth, (Street and Number) 245 Eutaw

5. Full Name of Mother, Mary Catherine

6. Mother's Maiden Name, Bell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Lancaster

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Bauer

Address, 1 Lexington St.

Remarks, 18920004156

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

43835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 2nd 1892
4. *Place of Birth, (Street and Number)* #1013 N. Dallas st
5. *Full Name of Mother,* Margaret C. Fell
6. *Mother's Maiden Name,* Margaret C. Vigil
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John A. Fell
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. J. Bennett Md

Address, #1025 N. Caroline st

Remarks,

1892000 4157

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 13836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 3, 1892

4. Place of Birth, (Street and Number) 714 Pratt St

5. Full Name of Mother, Theresa Brady

6. Mother's Maiden Name, Theresa Wolf

7. Mother's Birthplace, Balto.

8. Full Name of Father, Peter Brady

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Lanahan

Address, 716 Lurman St.

Remarks, 18920004158

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

43837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 4, 1892
4. Place of Birth, (Street and Number) 723 Maitland Ave
5. Full Name of Mother, Mary Tally
6. Mother's Maiden Name, Mary Kratz
7. Mother's Birthplace, Italy
8. Full Name of Father, Stefano Tally
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 26 Eutaw St.

Remarks, 1892000459

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
er it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it sh
ith, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
il to comply with the provisions of this section shall be sub
jected to the fine of ten (10) dollars for each offence, to be re
to be recovered as other fines and forfeitures are recoverable.

43838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5, 1892
4. Place of Birth, (Street and Number) 1119 Stricker St.
5. Full Name of Mother, Margret Keller
6. Mother's Maiden Name, Margret Eward
7. Mother's Birthplace, Balto
8. Full Name of Father, John Keller
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St

Remarks, 18920004160

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 13839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 6 1892
4. *Place of Birth, (Street and Number)* 2435 Foster Ave
5. *Full Name of Mother,* Sophronia Shipper
6. *Mother's Maiden Name,* Sophronia Jubb
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Adam Shipper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Trader

Address, 726 Luzerne St

Remarks, 1892000 4161

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 7 1892

4. Place of Birth, (Street and Number) 3012 Gilmor St.

5. Full Name of Mother, Ida Clabb

6. Mother's Maiden Name, Ida Roberts

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Clabb

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Laguna St.

Remarks, 1892000416 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH.

3841.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Nov. 8 1892

4. Place of Birth, (Street and Number) 3005 Elliott St.

5. Full Name of Mother, Lucy Lintner

6. Mother's Maiden Name, Lucy Garrick

7. Mother's Birthplace, Balto

8. Full Name of Father, Stephen Lintner

9. Father's Occupation, Car conductor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Miss L. Sprague

Address, 726 Eutaw St

Remarks, 1892 0004163

Wm J C. Dulany Co., City Printers and Stationers.

30 89

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov: 11: 92
4. Place of Birth, (Street and Number) 831 N. Fulton Ave
5. Full Name of Mother, Annie Stevens
6. Mother's Maiden Name, " Parlett
7. Mother's Birthplace, Howard Co
8. Full Name of Father, Joseph Stevens
9. Father's Occupation, Sadler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 900 Madison Ave

Remarks, 1892000041164

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 11, 1892
4. Place of Birth, (Street and Number) 2433 Lancaster St.
5. Full Name of Mother, Lena Snyder
6. Mother's Maiden Name, Lena Epstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Snyder
9. Father's Occupation, Labor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Lyeine St

Remarks, 8920004165

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 7384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12, 1892
4. *Place of Birth, (Street and Number)* 2039 Colonel St
5. *Full Name of Mother,* Hannah Walton
6. *Mother's Maiden Name,* Hannah Swink
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Walton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1892000041 66

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12, 1892.
4. *Place of Birth, (Street and Number)* 732 Robinson St
5. *Full Name of Mother,* Margaret Smith.
6. *Mother's Maiden Name,* Margaret Miller.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Lyndale Av.

Remarks, 1892000416 7

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which shall have been ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 12, 1892
4. *Place of Birth, (Street and Number)* 733 Luzerne St.
5. *Full Name of Mother,* Julia Glass
6. *Mother's Maiden Name,* Julia Tingley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joe Glass
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary A Strayne

Address, 726 Luzerne St.

Remarks, 1892000416 8

Wm J C. Dulany Co., City Printers and Stationers.

A 43847.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 13th 1892
4. *Place of Birth, (Street and Number)*	#920 N. Eutaw St
5. *Full Name of Mother,*	Alice H. Dorsey
6. *Mother's Maiden Name,*	Alice H. Dawson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William E. Dorsey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Joseph Bennett M.D
Address,	#1025 N. Carlton St
Remarks,	

1892 0004169

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

43878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 11th 92.
4. Place of Birth, (Street and Number) 1408 N. Mount St
5. Full Name of Mother, Emma F. Street
6. Mother's Maiden Name, Emma F. Gettier
7. Mother's Birthplace, Balto, Maryland
8. Full Name of Father, Clarence T. Street
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Balto Maryland

Name of Medical Attendant, or other person who makes this Return. J. Miller MD

Address, 222 N. Monument St.

Remarks,

1892000417 0

The full name of each child, if any shall have been conferred, the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 43879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* March 4, 1892

4. *Place of Birth, (Street and Number)* 213 Myrtle Ave

5. *Full Name of Mother,* Rebecca Gross Collins

6. *Mother's Maiden Name,* Riggs Mountford Va

7. *Mother's Birthplace,* Rotherham Gross

8. *Full Name of Father,* Sheldon Edward Collins

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ruy E Dance

Name of Medical Attendant, or other person who makes this Return, 1120 Saratoga St

Address,

Remarks, 1892000417 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This return must contain a list of the names of all children born to the mother, whether living or dead, and the date of birth of each child, and shall be made within ten days after the birth of any child. If any shall have been born since the last return, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth, and the occupation of its parents, the date and place of birth, and the occupation of its parents

RETURN OF A BIRTH. A 43850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, November 15: 1891
4. Place of Birth, (Street and Number) East Street in the rear
5. Full Name of Mother, Rachel Johnson
6. Mother's Maiden Name, Rachel Anson
7. Mother's Birthplace, Baltimore City U.S.
8. Full Name of Father, Robert Anson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore City U.S.

Name of Medical Attendant, or other person who makes this Return, Lizzie Jackson

Address, 629 Rogers Ave.

Remarks, Baltimore City U.S.

1892000417 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16, 1892
4. Place of Birth, (Street and Number) 83 Canton Av
5. Full Name of Mother, Annie Williamson
6. Mother's Maiden Name, Annie Weidicke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Williamson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks, 8920004173

Wm J C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 17th 1892
4. Place of Birth, (Street and Number) 1216 Myrtle ave
5. Full Name of Mother, Mary McIntyre
6. Mother's Maiden Name, Mary McIntire
7. Mother's Birthplace, Balto Maryland
8. Full Name of Father, James F. McIntyre
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto Maryland

Name of Medical Attendant, or other person who makes this Return. E. Miller, MD

Address, 222 N. Monument St

Remarks,

1892000041174

1892

To whom this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of the same, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

43863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 20 92
4. Place of Birth, (Street and Number) 2877 Lanvale
5. Full Name of Mother, Mary Ellen Boyed
6. Mother's Maiden Name, Mary E Wakie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Lauden Boyd
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Feeney

Address, 2847 Lanvale

Remarks,

18920004175

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained therein, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents

RETURN OF A BIRTH.

43864.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 21 1892
4. *Place of Birth, (Street and Number)* 2342 Eden avenue
5. *Full Name of Mother,* Roseanna Connelly
6. *Mother's Maiden Name,* Cusack
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* John Connelly
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2304 Eden avenue Bal- City

Remarks, 1892000041756

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 22nd 1892
4. Place of Birth, (Street and Number) #2329 E. Monument St
5. Full Name of Mother, Virginia Mitchell
6. Mother's Maiden Name, Virginia Wallace
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Mitchell
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Jos. T. Smith M.D

Address, #1025 N. Caroline St

Remarks,

1 8 9 2 0 0 0 4 1 7

Heath. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 43856.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22, 1892
4. *Place of Birth, (Street and Number)* 2238 Cambridge St
5. *Full Name of Mother,* Mary Burke
6. *Mother's Maiden Name,* Mary Hamner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Oliver Burke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Norway

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St

Remarks, 1892000417 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

for

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 24 1892
4. Place of Birth, (Street and Number) 1809½ Pennsylvania ave
5. Full Name of Mother, Catherine Frances Kennard Russell
6. Mother's Maiden Name,
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, John Eugene Kennard
9. Father's Occupation, Carpenter
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return. Dr Keene MD

Address, 1620 Druid Hill ave

Remarks, 1892-004179

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-17-58

RETURN OF A BIRTH.

13838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theodore T. Kess

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Nov [redacted] 1892
4. *Place of Birth, (Street and Number)*	1403 May st
5. *Full Name of Mother,*	Essy Kess
6. *Mother's Maiden Name,*	Essy Dora Gillum
7. *Mother's Birthplace,*	Clinton N C
8. *Full Name of Father,*	George W Kess
9. *Father's Occupation,*	Hard Carry
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Georgie a Brooks
Address,	1752 Mallikin st
Remarks,	no remarks

1892000418 0

SAM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child, to any child born... month, and shall set forth as far as the same can be ascertained the full name of each child; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 24, 92

4. *Place of Birth, (Street and Number)* 1155 Little Sue E Edney 92

5. *Full Name of Mother,* Anna Schneider

6. *Mother's Maiden Name,* Folderauer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Folderauer

9. *Father's Occupation* Mattress Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss Caroline Miller

Address, 1605 Walker St. Balto Md

Remarks, 1892000418 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the names which may be given to each child, if any shall have been determined upon, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be set forth as far as the same can be ascertained between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the person in charge of the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 of Nov 1892
4. *Place of Birth, (Street and Number)* 421 S Dallas st
5. *Full Name of Mother,* Elizabeth V Griffith
6. *Mother's Maiden Name,* Leigh
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* John J Griffith
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2022 E Pratt St

Remarks, Paid 10 cents

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

43861

[illegible] 1-23-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jessie Emma McCauley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Nov 25th 1892
4. Place of Birth (Street and Number), #332 Roland Ave.
5. Full Name of Mother, Emma M. McCauley
6. Mother's Maiden Name, Hickelin
7. Mother's Birthplace, Md
8. Full Name of Father, Benj F. McCauley
9. Father's Occupation, Pattern-maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. D. L. Williams M.D.

Address, 2106 Carroll St.

Remarks,

1892000041 83

This schedule shall contain a list of the births which have [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the [illegible] name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 43867.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Nov 25 - 1892.
4. Place of Birth (Street and Number)	9 S. Caroline
5. Full Name of Mother	~~Polly Butler~~ Virginia Davis
6. Mother's Maiden Name	Virginia Butler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Purley Davis
9. Father's Occupation	Clockmaker
10. Father's Birthplace	Warrenton Va.
Name of Medical Attendant, or other Person who makes this Return.	Wm N. Hill M.D.
Address	1438 E. Baltimore St
Remarks	

1892 CITY REGISTRAR

1892 NOV

1892 DEC

1892 JAN

1892 FEB

1892 MAR

1892 APR

1892 MAY

1892 JUN

1892 JUL

1892 AUG

1892 SEP

1892 OCT

RETURN OF A BIRTH. A 43863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 24th 1892
4. *Place of Birth, (Street and Number)*	406 E. Cross St
5. *Full Name of Mother,*	Maggie Miller
6. *Mother's Maiden Name,*	Maggie Kenby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Miller
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	1517 Byrd St
Remarks,	1892000041185

This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the birthplace of the father and mother. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

13864.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25th 1892
4. Place of Birth, (Street and Number) 323 N Paca St.
5. Full Name of Mother, M A. Welty
6. Mother's Maiden Name, M. A. Sellers
7. Mother's Birthplace, ~~Madison~~ Massillon Ohio
8. Full Name of Father, H. L. Welty
9. Father's Occupation, Civil Engineer
10. Father's Birthplace, New Philadelphia Ohio

Name of Medical Attendant, or other person who makes this Return, Barton Trew M.D.

Address. 323 N Paca st

Remarks, 8920004186

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

4/2865.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov. 26, 1892.

4. Place of Birth, (Street and Number) 543 Monroe Alley

5. Full Name of Mother, Mary Augusta Ridout

6. Mother's Maiden Name, Mary Augusta Johns.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles T. Ridout

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amanda J. Norris, M.D.

Address, 871 Harlem Ave

Remarks, 1892000041887

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 13866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26 1892
4. Place of Birth, (Street and Number) 1330 N Mount St
5. Full Name of Mother, Elizabeth Lennon
6. Mother's Maiden Name, Hayes
7. Mother's Birthplace, City
8. Full Name of Father, John Lennon
9. Father's Occupation, Butcher
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Jul L Fettahoff M D

Address, 905 N Gilmor St

Remarks,

1892 0004188

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), the sex, color, the month, year, place and date of birth, and the full name and occupation of its parents, the date and place of their marriage, (if married,) its residence, and the full name and occupation of its certificate between the first and third day of each and every month to the Office of the Registrar, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a Physician or practitioner, then the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43867.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26th 92.
4. Place of Birth, (Street and Number) 704 W. Fayette St
5. Full Name of Mother, Mattie C. Hood
6. Mother's Maiden Name, Mattie C. Chrismer
7. Mother's Birthplace, Penna
8. Full Name of Father, Edward C. Hood
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, C. K. Jones M.D.

Address, 417 Argyle Ave.

Remarks, 1892000418 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 43868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 26 1892
4. *Place of Birth, (Street and Number)*	820 Parrish st
5. *Full Name of Mother,*	Amelia Pinder
6. *Mother's Maiden Name,*	Spurlark
7. *Mother's Birthplace,*	essex Co Virginia
8. *Full Name of Father,*	Thomas S Pinder
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Fairfax Va
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga St
Remarks,	1892000419 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

43869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	29 Nov
4.	*Place of Birth, (Street and Number)*	532 Caroline st
5.	*Full Name of Mother,*	Mary Appel
6.	*Mother's Maiden Name,*	Mary Schuppa
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Louis Appel
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Schumann
	Address,	409 South Bond st
	Remarks,	1892000419 1

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ch

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 27
4. *Place of Birth, (Street and Number)* 2607 Franklin st
5. *Full Name of Mother,* Mary Elizabeth decker
6. *Mother's Maiden Name,* Mary E James
7. *Mother's Birthplace,* Melrose Carroll county
8. *Full Name of Father,* Wilbur Franklin decker
9. *Father's Occupation,* Woolgrader
10. *Father's Birthplace,* York pen

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Lanvale st

Remarks,

1 8 9 2 0 0 0 4 1 9 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS

This scheme shall contain a list of the names of each child. (if any shall have been conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

4087.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* Nov 28, 1892

4. *Place of Birth, (Street and Number)* 138 Welch alley

5. *Full Name of Mother,* Alice Saunders Brown

6. *Mother's Maiden Name,* Lilly

7. *Mother's Birthplace,* Dames Saunders

8. *Full Name of Father,* Oscar Brown

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs E Jones

Address, 1121 Saratoga St

Remarks, 1892000419 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

H3877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 28th 1892
4. *Place of Birth, (Street and Number)*	2002 Fairmount ave.
5. *Full Name of Mother,*	Alvina Stumpf
6. *Mother's Maiden Name,*	Alvina Kolb
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	John Stumpf
9. *Father's Occupation,*	Paper dealer
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	W.K. Johnson M.D.
Address,	1916 East Pratt Street
Remarks,	18920004194

Health. This schedule shall contain a list of the births which have occurred within the first week of the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3 Date of Birth. Nov. 28th 1892

4. Place of Birth, (Street and Number) Lancy Maryland

5. Full Name of Mother, " " White

6. Mother's Maiden Name, #2219 Inc Eldery St

7. Mother's Birthplace, St Inazy's County

8. Full Name of Father, Thomas Inazo

9. Father's Occupation, Laylor

10. Father's Birthplace, Charles County Maryland

Name of Medical Attendant, or other person who makes this Return, Lucian Cooper

Address, # 123 N Durham St

Remarks, 1 6 9 2 0 0 0 4 1 9 5

Wm J C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained, the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner of midwifery, or should no other person be shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon birth to the Commissioner of Health. In the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of midwifery, or should no other person be in attendance, the duty of the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 28
4. Place of Birth, (Street and Number) 613 Lafayett Av
5. Full Name of Mother, Amanda Elizabeth Wimmer
6. Mother's Maiden Name, Amanda E Lynch
7. Mother's Birthplace, Mt Washington Balto
8. Full Name of Father, William Wimmer
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, M J Perry

Address, 2847 Lanvale St

Remarks, 6920004196

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 13875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1897
4. Place of Birth, (Street and Number) Preston Street No 1707
5. Full Name of Mother, Marion E. Shellhous
6. Mother's Maiden Name, Marion E. Winingder
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, John Shellhous
9. Father's Occupation, Mechanic
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return L L Shannow M D

Address, # 1037 N. Fulton Ave

Remarks,

19200041 97

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. #3876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 29, 1892
4. *Place of Birth, (Street and Number)* 837 Chesapeake St
5. *Full Name of Mother,* Anna Menako
6. *Mother's Maiden Name,* Anna Cumberland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Menako
9. *Father's Occupation,* Grainer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks, 8920004198

Health. And the Commissioner shall furnish a blank form for the return of births required by this section, which shall contain the full name of each child, if any shall have been ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-2-36

43877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elsie Lillian ~~Edwards~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1 1892
4. Place of Birth, (Street and Number) 816 S Sharp St
5. Full Name of Mother, Jennie Edwards
6. Mother's Maiden Name, Kuyer
7. Mother's Birthplace, "Baltimore Md
8. Full Name of Father, James H. Edwards
9. Father's Occupation, Insurance Collector
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, 1892 0004199

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st November 1892
4. *Place of Birth, (Street and Number)* 812 E Fort Ave
5. *Full Name of Mother,* Ella Mortimer Vogel
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Charles Mortimer
8. *Full Name of Father,* Laborer
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Elizabeth Jewell

Name of Medical Attendant, or other person who makes this Return,

Address, 436 E Fort Ave

Remarks, 1892000042 00

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Certificate shall contain a list of the Christian names of each child, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 1 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 2nd. 1892
4. *Place of Birth, (Street and Number)* Bowleys Lane near Belair ave.
5. *Full Name of Mother,* Anna Geller
6. *Mother's Maiden Name,* Schraudner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Geller
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave.

Remarks, 1892000042 01

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2te of November
4. *Place of Birth, (Street and Number)*	2022 Wilkens Ave
5. *Full Name of Mother,*	Friederike Theis
6. *Mother's Maiden Name,*	Friederike Stein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carl Theis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heinle Midwife
Address,	216 West Fratt
Remarks,	

1892000042 02

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-27-53

RETURN OF A BIRTH. A 43881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Bowers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov the 2-18-92
4. *Place of Birth, (Street and Number)*	Milkins Ave 2224
5. *Full Name of Mother,*	Mary E Bowers
6. *Mother's Maiden Name,*	Mary E Tuttle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Bowers
9. *Father's Occupation*	Box-maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss S Ellas
Address,	No 1922 Milkins Ave
Remarks,	

B 9 2 0 0 0 4 2 0 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2nd, 92
4. *Place of Birth, (Street and Number)* 622 N. Lombard st.
5. *Full Name of Mother,* Ella Cameron.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L. L. Ely M.D.

Address, 622 N. Lambard st.

Remarks, 1892000 4204

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case

A 43883.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 2, 1892.
4. Place of Birth, (Street and Number) 316 Union ave.
5. Full Name of Mother, Katrina Vondrasek.
6. Mother's Maiden Name, Lehr.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Henry Vondrasek.
9. Father's Occupation, Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1892000 4205

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule must contain a list of the children born to the mother, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the month, and shall set forth as far as known the full name and occupation of the parents, the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the birth of any child to the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a practitioner the duty of the person or parents of such immediately thereafter it shall become the duty of the person or parents required, and attendance upon the mother, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 2nd 92
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Emma Marshal
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M.D.

Address, 622 N. Lombard St.

Remarks, 1892 0004206

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3d Nov 1892
4. *Place of Birth, (Street and Number)*	132 N. Front St.
5. *Full Name of Mother,*	Sarah Wallason Rosencan
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Benjamin Wallason
9. *Father's Occupation*	Fur-cutter
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	E. Schenyard
Address,	172 Aisquith St.
Remarks.	1892000042 07

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY OF BALTIMORE

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 3d November 92
4. Place of Birth, (Street and Number) 117 Market St Space
5. Full Name of Mother, Lizzie Edlavitch
6. Mother's Maiden Name, Lizzie Edlavitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Edlavitch
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Scherman

Address, 42 Albemarle St.

Remarks, 1892000042088

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 43887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th November 1892
4. *Place of Birth, (Street and Number)*	309 Bentalou St.
5. *Full Name of Mother,*	Katharina Benkert
6. *Mother's Maiden Name,*	Katharina Heitel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George H. Benkert
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Henke Midwife
Address,	206 West Pratt St.
Remarks,	1892000042 09

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein the first Birth of any child third day of each and every month to the office of the Commissioner of Health. In case of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of the mother, immediately thereafter it shall become the duty of the person last in attendance upon the mother, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period by law required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statoners.

RETURN OF A BIRTH. 43888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Jan. 4th 92

4. *Place of Birth, (Street and Number)* 622 N. Lombard st.

5. *Full Name of Mother,* Emma Johnson.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks, 1892000 1210

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. D 43889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	5th November 1892
4. *Place of Birth, (Street and Number)*	325 Warren Ave
5. *Full Name of Mother,*	Fanny Winchester Hoffman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	Charles Winchester
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Warren Pa
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Iglehart
Address,	236 E Joint Ave
Remarks,	8 9 2 0 0 0 4 2 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov the 5th 18-92
4. *Place of Birth, (Street and Number)*	Ramsey st No 18 16
5. *Full Name of Mother,*	Caroline Hays
6. *Mother's Maiden Name,*	Caroline alpps
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Jasonne Hays
9. *Father's Occupation*	Musicianer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kellam
Address,	1922 Wilkins Ave
Remarks,	

1892 0 0 0 4 2 1 2

register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 4th 1892
4. *Place of Birth, (Street and Number)*	Mc Henry St. bet 18-32 Mary F. Lichtenberg
5. *Full Name of Mother,*	Mary Talgert
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Charles Lichtenberg
8. *Full Name of Father,*	Laborer
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mrs S Kelley
Name of Medical Attendant, or other person who makes this Return,	N 19 22 Wilkins Ave
Address,	
Remarks,	1892000042 13

registry of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the period above required, and it shall become the duty of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, (to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
Health, and shall set forth as far as the same can be ascer
month, and shall set forth as far as the same can be ascer
been conferred; its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. B 13897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of November
4. *Place of Birth, (Street and Number)*	830 Frederick Road
5. *Full Name of Mother,*	Margaretha Eberling
6. *Mother's Maiden Name,*	Margaretha Stievens
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Eberling
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kessler midwife
Address,	216 West Pratt St
Remarks,	1892000421 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred since the last Return made to the Office of the Registrar of Vital Statistics, and shall be delivered to the Registrar within the first week of each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, November 6th,
4. Place of Birth, (Street and Number) No. 1024 Boyd st.,
5. Full Name of Mother, Mary Elzibeth Schlerf,
6. Mother's Maiden Name, Mahr,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Christian Schlerf,
9. Father's Occupation, Baker,
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, 724 Columbia Ave.

Remarks, 1892000 4215

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6th November

4. Place of Birth, (Street and Number) No 21 E Eager st Balto Md.

5. Full Name of Mother, Emma V Kaiser

6. Mother's Maiden Name, Emma V. Bradley

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry C. Kaiser

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Katie Munch

Address, 800 Landenhall Street

Remarks, 6920004216

Wm J C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascer-
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi-
third day of each and every month to the office of the C
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter, it s
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. A 43893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th November 1891.
4. *Place of Birth, (Street and Number)*	Ramsay St.
5. *Full Name of Mother,*	Bertha Schaub
6. *Mother's Maiden Name,*	Bertha Strauss
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Schaub
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Priscilla Keuler midwife
Address,	216 West Pratt St.
Remarks,	1892000421 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 43896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 7th
4. Place of Birth, (Street and Number) #1527 Light St
5. Full Name of Mother, Katie Johnson
6. Mother's Maiden Name, Katie Schluck
7. Mother's Birthplace, Balto md
8. Full Name of Father, Ennis Johnson
9. Father's Occupation, Brakeman
10. Father's Birthplace, Sperryville Va

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, 1892000042 18

Wm J C Dulany Co., City Printers and Stationers.

Health. This schedule shall contain the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11-7-92

4. Place of Birth, (Street and Number) 2-46 Druid Hill Ave

5. Full Name of Mother, Maggie Gaultz nee Dobbins

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, A. C. Gaultz

9. Father's Occupation, Mechanic

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Geo F. Frey.

Address, 2414 Dr. Dr.

Remarks, L. C. & Co. 1892 0004219

Wm J. C. Dulany Co., City Printers and Stationers.

upon a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 43898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Nov 7th 92
4. Place of Birth (Street and Number),	424 Gorsuch Av
5. Full Name of Mother,	Mary Wisong
6. Mother's Maiden Name,	Matthews
7. Mother's Birthplace,	North Carolina
8. Full Name of Father,	Wm Wisong
9. Father's Occupation,	Telegraph Operator
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	D. A. Monmonier.
Address,	634 Gorsuch Av.
Remarks,	

1892 0004220

Register of such birth, and shall also keep a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month. This schedule shall contain

RETURN OF A BIRTH. 13899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 12th 99

4. Place of Birth, (Street and Number) 73 Parkin St.

5. Full Name of Mother, Kate Krogman.

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 622 E. Lombard St.

Remarks,

1 8 9 9 2 0 0 0 4 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Number of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 43900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Nov. 9th 92
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Mary Jones.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ft. L.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eby M.D.

Address, 622 N. Lombard St.

Remarks, 1892000422

Wm J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Nov. 9th 92.

4. *Place of Birth, (Street and Number)* 1309 Bayard st.

5. *Full Name of Mother,* Georgiana Carroll

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Eby M. D.

Address, 622 W. Lombard st.

Remarks,

1892000 4223

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no certificate be in child to report its birth to the Commissioner of Health, or should the parents of such birth become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 10 1908
4. *Place of Birth, (Street and Number)* Monmonier St
5. *Full Name of Mother,* Mary Baer
6. *Mother's Maiden Name,* Mary Dougherty
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Baer
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Wm Smith

Address, 1913 Eastern ave City

Remarks, 1892000 4224

Register "a thick paper to be filled out by the ... which have occurred under his or her care during the ... This schedule shall contain a list of the births which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 43903.

GIVEN NAME ADDED 10-5-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~Kraus~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 18th 11-18-92
4. Place of Birth, (Street and Number)	Mariat st No. 3
5. Full Name of Mother,	Mary Kraus
6. Mother's Maiden Name,	Molus
7. Mother's Birthplace,	germany
8. Full Name of Father,	Henry Kraus
9. Father's Occupation	Butcher
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs L Keller
Address,	No 19.22 Wilkins Ave
Remarks,	

1892 000 1225

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH.

A. 10904.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Nov. 1892
4. Place of Birth, (Street and Number) 1110 Jonathan St.
5. Full Name of Mother, Esther Solomon Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Solomon
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schapiro, M.D.

Address, 42 Tennant St.

Remarks, 5 9 2 6 0 0 4 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers

Dec 1892

register of said births, and a duplicate thereof to the Board of Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health. In case no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43905.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* Nov. 11th 97.

4. *Place of Birth, (Street and Number)* 751 Sarah Ann St.

5. *Full Name of Mother,* Bettie Butler.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, C. W. Lawson M.D

Address, 622 W. Lombard St.

Remarks,

1 8 9 2 0 0 0 4 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 13908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d a

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jan. 11th 92

4. Place of Birth, (Street and Number) 62½ N. Lombard st.

5. Full Name of Mother, Kate Davis

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 62½ N. Lombard st.

Remarks, 1892000042 28

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife, physician or other person who shall have been in attendance upon any birth, shall, within ten days thereafter, report to the Commissioner of Health the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

Brea

RETURN OF A BIRTH. No. 43907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Roger Hilleary Bell — Second
1. *Sex, (state whether male or female)*	Fmale Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 12th 1892
4. *Place of Birth, (Street and Number)*	10 Fayette E. Pisapeda
5. *Full Name of Mother,*	Mrs Mary Bell Mary Hilleary
6. *Mother's Maiden Name,*	Bell
7. *Mother's Birthplace,*	John A Bell
8. *Full Name of Father,*	Baggage Master
9. *Father's Occupation*	U. Bell
10. *Father's Birthplace,*	B & Phila
Name of Medical Attendant, or other person who makes this Return,	753 W Lexington St.
Address,	Full name of child is "Roger Hilleary Bell"
Remarks,	16 9 2 0 0 0 1 2 2 8 J. E. Mehn Jan 10-1927

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of the father, and the been conferred) its sex, color, the full name and occupation of the father, and the said place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health. Between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, then and in such case no other person be is attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. # 43908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 12.

4. Place of Birth, (Street and Number) Port St 714

5. Full Name of Mother, Annie Maddison

6. Mother's Maiden Name, Annie Ulrich

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, August Maddison

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Ella Smith

Address, 1113 Eastern ave City

Remarks,

1892000+230

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 43909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Madeline
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 of November 1892
4. Place of Birth, (Street and Number) 1513 Clement St Lousst Point
5. Full Name of Mother, Bessie Wright
6. Mother's Maiden Name, Bessie Coulklin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Wright
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Linus Müller

Address, 1402 Towson St Lousst Point

Remarks,

+ 8 9 2 0 0 0 4 2 3 1

Wm J C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which may occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 43910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 14.

4. Place of Birth, (Street and Number) S. Durham St 626

5. Full Name of Mother, Lizzie Valentine

6. Mother's Maiden Name, Lizzie Valentine

7. Mother's Birthplace, Baltimore md.

8. Full Name of Father, John Engelbrecht

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Ellen Kirk

Address, 1913 Eastern ave

Remarks,

1892000 4232

PM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 13911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Nov. 1892
4. *Place of Birth, (Street and Number)* 102 S. Exeter Street
5. *Full Name of Mother,* Agatha Sternberg
6. *Mother's Maiden Name,* Hassig
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Jacob H. Sternberg
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, C. Schuman

Address, 42 Allemarle St

Remarks, 1892 0004233

register of such birth, and shall enter the same on blank schedules, to be furnished him or her by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name of its parents, the date and place of birth, and the occupation of its parents, the date and place between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 14th 1892
4. *Place of Birth, (Street and Number)*	S.W. Cor. Myrtle ave. & George St.
5. *Full Name of Mother,*	Blanche Hemeberger
6. *Mother's Maiden Name,*	Lowell
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Henry C. Hemeberger
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Waynesboro. Franklin Co. Pa
Name of Medical Attendant, or other person who makes this Return.	E. G. Shower. M.D.
Address,	2510 Penna. ave.
Remarks,	1892000 4234

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 14th 92
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Katharine Lagman
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jos. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks, 1 6 9 2 0 0 0 4 2 3 5

Register of births in the city of Baltimore, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 43914

GIVEN NAME ADDED 7-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Esther Behrmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15 of November 1892
4. Place of Birth, (Street and Number)	2014 Christian St.
5. Full Name of Mother,	Ana Behrmann
6. Mother's Maiden Name,	Ana Belser
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Moses Behrmann
9. Father's Occupation	Tailor
10. Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Hessler Midwife
Address,	216 West Pratt St.
Remarks,	

1892000423 6

Every midwife, nurse or other person who shall assist at a birth, and every householder in whose house a birth shall occur, and every person having charge of any institution in which a birth shall occur, shall register such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 43915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	November 15, 1892.
4. *Place of Birth, (Street and Number)*	218 Fuchsia ave.
5. *Full Name of Mother,*	Alice Pou Scott.
6. *Mother's Maiden Name,*	Mrs Logan.
7. *Mother's Birthplace.*	Md.
8. *Full Name of Father,*	John Bigby Scott.
9. *Father's Occupation,*	Rigger.
10. *Father's Birthplace,*	Scotland.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	1892000 4237

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4391 16.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 November

4. Place of Birth, (Street and Number) 6 North Caroline St

5. Full Name of Mother, Bertha Reich

6. Mother's Maiden Name, Bertha Debus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Reich

9. Father's Occupation, Sawyer

10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, 1892000 4238

Health. This schedule shall contain a list of the births which have occurred within the city since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-43917.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 1-11- 1892
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Alice Tozer.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. N. Lawson, M. D.

Address, 622 N. Lombard st.

Remarks,

1892 0004239

Every midwife, or other person who shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the district within the period above required, and third day of each and every month to the office of the Commissioner of Health, in the district within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed by this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A. 45918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 17th 1892
4. Place of Birth, (Street and Number) Federal St. and Longs Lane
5. Full Name of Mother, Mary Chamberlain Nigl
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Chamberlain
9. Father's Occupation, Machinenist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave.

Remarks, none

1892000424 0

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 17th,
4. *Place of Birth, (Street and Number)* No. 1009 W. Cross St.,
5. *Full Name of Mother,* Ellen Hodges
6. *Mother's Maiden Name,* Bowers
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* James Hodges
9. *Father's Occupation,* Shipping Agent,
10. *Father's Birthplace,* Balto Cty,

Name of Medical Attendant, or other person who makes this Return, Emma L. Hodges

Address, 721 Columbia Ave.

Remarks, 1892000424 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43920.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Nov. 1-'92
4. *Place of Birth, (Street and Number)* 115 W. Lombard.
5. *Full Name of Mother,* Katie Rich.
6. *Mother's Maiden Name,* Nal.
7. *Mother's Birthplace,* Nr Fraser
8. *Full Name of Father,* " "
9. *Father's Occupation* " "
10. *Father's Birthplace,* W. Wayland Fraser

Name of Medical Attendant, or other person who makes this Return, 115 W. Lombard.

Address,

Remarks, † 8 9 2 0 0 0 4 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

43931.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 1-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Minnie Pearl.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Harwood
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	1892000 4243

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 73977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 1th. 92.
4. *Place of Birth, (Street and Number)* 2338 Canton Ave
5. *Full Name of Mother,* Mary K. Mattes
6. *Mother's Maiden Name,* " Sander
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Mattes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1016 Eastern Ave.

Remarks, 1892 BV 2000 4244

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendant must shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 1st 1892
4. *Place of Birth, (Street and Number)* 1650 N Carey
5. *Full Name of Mother,* Kate Haughey
6. *Mother's Maiden Name,* Kaufmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Haughey
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 2100 Druid Hill Ave

Remarks, 1892000 4245

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

Baltimore under whose care it is, with a blank schedule, to be furnished by the Commissioner of Health. This schedule shall enter the same on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, with the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and immediately thereafter it shall become and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1892.
4. *Place of Birth, (Street and Number)* 835 Willow
5. *Full Name of Mother,* Nellie Kelley
6. *Mother's Maiden Name,* Nellie Brannon
7. *Mother's Birthplace,* Balti Co.
8. *Full Name of Father,* Jas P. Kelley
9. *Father's Occupation,* Brass Finisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W B Dempsey M.D.

Address, 700 E. 6 Lace St.

Remarks, 1 8 9 2 0 0 0 4 2 4 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been given) the date and place of birth, the full name and occupation of its parents, the color, the full name and occupation of the informant, and such other facts as may be ascertained. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person required by this section to report such birth, the Commissioner of Health, in the manner and within the period above required. The duty of the person or parent in attendance upon the mother immediately thereafter it shall become to report its birth to the Commissioner of Health, in the manner and within the period above required. The duty of the person or parent in attendance upon the mother immediately thereafter it shall become to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall hereafter fail to comply with the provisions of this section shall hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recovered, to be recovered as other fines and forfeitures are recovered, to be recovered as other fines and forfeitures are recovered, to

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 21 1892
4. Place of Birth, (Street and Number)	3128 Hudson
5. Full Name of Mother,	Mary Elizabeth Wright
6. Mother's Maiden Name,	
7. Mother's Birthplace,	American
8. Full Name of Father,	John J. Chase
9. Father's Occupation,	Shipsmith
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return.	E. D. Wilson M.D.
Address,	1114 Shethoke St
Remarks,	

8 9 2 0 0 0 4 2 4 7

...ian Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name and date of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 14467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 27. 1892
4. Place of Birth, (Street and Number)	4 Vincent Infant Asylum
5. Full Name of Mother,	Lottie Gordon
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Not known
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	S. A. Keene M. D.
Address,	1520 David Hill Ave
Remarks,	18920004248

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4478/1.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 29 1892
4. Place of Birth, (Street and Number)	506 S. Ann St.
5. Full Name of Mother,	Mary R. Gill
6. Mother's Maiden Name,	Holdorf
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Stephan H. Gill
9. Father's Occupation	Stone Cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this return,	Mary Stein
Address,	1427 E. Pratt St.
Remarks,	8920004249

Wm. J. C. Dulany Co., City Printers and Statoners

RETURN OF A BIRTH.

44817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3 *Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29 — 1892
4. *Place of Birth, (Street and Number)* 1429 Ulrich Alley
5. *Full Name of Mother,* Norah Malody
6. *Mother's Maiden Name,* Quirk
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Malonery
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks, 1 8 9 2 0 0 0 4 2 5 0

Health. The following shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	29th Dec 1892
4. *Place of Birth, (Street and Number)*	1539 S. Edwards St
5. *Full Name of Mother,*	Alice Tucker
6. *Mother's Maiden Name,*	Reynolds
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Tucker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Agnell
Address,	736 E Pont Ave
Remarks,	18920004251

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first marriage of its parents, and the full name and occupation of the father of any child born out of wedlock. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first marriage of its parents, and the full name and occupation of the father of any child born out of wedlock. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. In the foregoing schedule shall be delivered, duly signed by the practitioner in the case, or by the person who has

RETURN OF A BIRTH. A 1148 3/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 30th Dec. 1892

4. *Place of Birth, (Street and Number)* 3029 O'Donnell St. Balto. Md.

5. *Full Name of Mother,* Pauline M. Borbach

6. *Mother's Maiden Name,* Pauline M. Warman

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Borbach

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. P. Lieversmann

Address, 1225 Hare street.

Remarks, 8 9 2 0 0 0 4 2 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 30 1892

4. Place of Birth, (Street and Number) 2206 Canton Ave.

5. Full Name of Mother, Wilhelmine D. L. Giebel

6. Mother's Maiden Name, Malon

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolph R. W. Giebel

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 8920004253

A 448 N.

JAN 3 1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 31th 92.
4. Place of Birth, (Street and Number) 207 Monumenier's Court
5. Full Name of Mother, Ida Bruckman
6. Mother's Maiden Name, " Koenig
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Bruckman
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 1816 Eastern Ave

Remarks, 8920004254

tained the full name of each child, (if any shall have
on of its parents, the date and place of birth; and the
tioner in the form of a certificate the birth of any child
ommissioner of Health. In case no other person be in
ctioner of midwifery, or should no or parents of such
shall become the duty of the person above required, and
the manner and within the period above shall be sub-
shall occur without the attendance of a physician or practitioner it shall be sub-
attendance upon birth to the Commissioner fail to comply with the provisions of this section
child to report its
any such person or persons who shall hereafter fail to comply with the
jected to the fine of ten (10) dollars for each offence, to be recoverable.
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner
recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 30, 1892
4. *Place of Birth, (Street and Number)*	803 Wallace St.
5. *Full Name of Mother,*	Dora York.
6. *Mother's Maiden Name,*	Dora Reinhardt.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henery York
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Butt
Address,	1215 E Gaymmount St cor Eutral Ave.
Remarks.	All Well.

1892000 4255

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday Dec. 30. 1892
4. Place of Birth, (Street and Number) 17 N. Amity st.
5. Full Name of Mother, Jennie Klotzman
6. Mother's Maiden Name, Jennie Rochstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Aaron Klotzman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 18920004256

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Bull

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec. 30, 1892.
4.	*Place of Birth, (Street and Number)*	1510 Aisquith St. City
5.	*Full Name of Mother,*	Charlotte Bull
6.	*Mother's Maiden Name,*	Charlotte Jones.
7.	*Mother's Birthplace,*	Washington near Bank Sts.
8.	*Full Name of Father,*	James F Ball
9.	*Father's Occupation,*	Brakeman N.C.R.R.
10.	*Father's Birthplace,*	Kent Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	Mrs M. Foster
	Address,	1606 E. Lanvale St
	Remarks,	

1892 0004257

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any such child shall not have been named at the time of making such return, then the name shall be added to the return when given) its sex, color, the full name and occupation of its parents, the date and place of birth, and whether the child was the first, second or other child born of the mother; and in case any child shall be born alive after the filing of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the parents, the date and place of birth, and whether the child was the first, second or other child born of the mother. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this section to report the birth fail to do so within the third day of each and every month to the office of the Commissioner of Health, it shall become the duty of the person or parents in charge of the house in which such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this section to report the birth fail to do so within the period above required, it shall become the duty of the midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents in charge of the house in which such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required by this section to report the birth fail to do so within the period above required, it shall become the duty of the midwife in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be required of the midwife in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be required of the midwife in attendance upon the mother, immediately thereafter fail to comply

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Dec 30th 1892,
4. Place of Birth (Street and Number)	904 N. Washington Ave,
5. Full Name of Mother	Clara R. Cassedy,
6. Mother's Maiden Name	Clara R. Davis,
7. Mother's Birthplace	Balto City,
8. Full Name of Father	James B. Cassedy,
9. Father's Occupation	Machinist,
10. Father's Birthplace	Balto City,
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Lugan M.D.
Address	920 N Broadway
Remarks	

1892 0004258

...y of Baltimore, shall report to the registrar ...
...date of birth, sex, and color of the child or ...
...till born or not, the full name, nativity, and ...
...other of such child or children.

RETURN OF A BIRTH. 44861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Dec 30 — 1892
5. *Place of Birth, (Street and Number)* 1520 E. Biddle St.
6. *Full Name of Mother,* Maggie Dayley Banks
7. *Mother's Maiden Name,* Baltimore
8. *Mother's Birthplace,* Wm Dayley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St

Remarks, 8920004259

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Coroner or practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frieda Louise Adler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth*, June 30th

4. *Place of Birth*, (Street and Number) No. 502 N. Calvert St.

5. *Full Name of Mother*, Elvira (Calvert) Adler

6. *Mother's Maiden Name*, Carlopp

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Gerke Adler

9. *Father's Occupation* Tanner

10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gras.

Address, 1907 E. Monument St.

Remarks, 8920004260

month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall leave
ascertained the date and place of birth, and the
and place of birth, the full name and occupation of its parents, and the
ion of its parents, of a certificate between the first and
ed by the practitioner in the form of the Commissioner of Health. In case the birth of any
Office of the Commissioner of Health, or shall no other person
practitioner of midwifery, or shall no other person
ty of the person or parents of such
ereafter it shall become the duty within the period above required, and
ner, immediately thereafter it shall become the duty within the period above required, and
ner and provisions of this section shall be stated
Commissioner of Health, in the manner and provisions of this section shall be stated
fail to comply with the
persons who shall hereafter fail to comply with
for each offence, to be recovered
ollars for each offence, to be recovered as other fines and forfeitures are recoverable
ed to the fine of ten (10)

Wm. J. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 31 1892
4. *Place of Birth, (Street and Number)* No 12 Gettings st
5. *Full Name of Mother,* Annie Cook
6. *Mother's Maiden Name,* Annie Deen
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Adolphus Cook
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return, Eatherton

Address, No 1422 Harlem st

Remarks,

8920004261

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44884.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31. Dec. 1892
4. Place of Birth, (Street and Number) Baltimore 123. E. York st
5. Full Name of Mother, Kate Kelly
6. Mother's Maiden Name, Kate Gary
7. Mother's Birthplace, Ireland
8. Full Name of Father, Chas Gary
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, 41 Guilford Ave Baltimore Md

Remarks,

8 9 2 U 0 0 4 2 6 2

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 4/1/93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown
3. *Date of Birth,* Dec 31st 1892
4. *Place of Birth, (Street and Number)* 934 Mason al
5. *Full Name of Mother,* Sarah A. Shipley
6. *Mother's Maiden Name,* Sarah A. Stall
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* Henry St. Shipley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick Co.

Name of Medical Attendant, or other person who makes this Return. Dr C. L. Woodruff

Address, 1407 N. Charles St.

Remarks, 8922 0022 1263

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colita
3. *Date of Birth,* 21. Dec
4. *Place of Birth, (Street and Number)* 829. N. Front St
5. *Full Name of Mother,* Idea Eggemann
6. *Mother's Maiden Name,* Idea Wilke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Eggemann.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Brick midwife

Address, No 506. N. High St.

Remarks,

8920004264

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st 1892
4. *Place of Birth, (Street and Number)*	2113 W Lexington St
5. *Full Name of Mother,*	Minnie Borgman
6. *Mother's Maiden Name,*	Conklin
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Ephraim L Borgman
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J.M. Carter M.D.
Address,	1605 N Bals St
Remarks,	1892000 4265

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 2/97.

4. Place of Birth, (Street and Number) 532 Bloom St

5. Full Name of Mother, Mary E. Feltch

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Feltch

9. Father's Occupation, Foreman Balto Gas Light Co.

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address,

Remarks,

6 9 2 0 0 0 4 2 6 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd.

3. Date of Birth, December 3rd, 92.

4. Place of Birth, (Street and Number) Md. Lying-in Hospital

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, Not known

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. J. Crouch M.D. Eager Wilcox

Address,

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, immediately thereafter it shall become the duty of the person or parent having child to report its birth to the Commissioner of Health, in the manner and within the period above specified, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

1893

89200004267

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 4th 92.
4. Place of Birth, (Street and Number) Md. Lying-in Hosp.
5. Full Name of Mother, Annie Schultz
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, J. B. Emrich, M.D. Eager & Walker

Address,

Remarks, 8920004268

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, at the office of the Commissioner of Health, in the month to the physician or it shall be his duty to report in writing to the Commissioner of Health, or should no other person be required, and shall cause upon birth to the Commissioner of Health, in the manner and within the period above required, and attend to report its or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 2467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. ~~Place~~ Date of Birth,	Dec. 6/92.
4. ~~Date~~ Place of Birth, (~~Street and Number~~)	10. W. Mount St.
5. Full Name of Mother,	Mary E. Goodhand.
6. Mother's Maiden Name,	Carter
7. Mother's Birthplace,	Phila. Pa.
8. Full Name of Father,	Arthur W. Goodhand.
9. Father's Occupation	Dry Goods.
10. Father's Birthplace,	Kent Co. Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Schreiber M.D.
Address,	1801 Madison Ave
Remarks,	1892 0094269

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st a.

Name: Rinaldo Charles Simonini

1. *Sex*, (state whether male or female) Male,
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, Dec. 6. 92
4. *Place of Birth*, (Street and Number) 703 E. Balt. St.
5. *Full Name of Mother*, Mrs. Elizabeth Bolle Simonini
6. *Mother's Maiden Name*, Miss Bolle
7. *Mother's Birthplace*, New York City
8. *Full Name of Father*, Chas. Simonini
9. *Father's Occupation*, Restaurateur
10. *Father's Birthplace*, Tuscany, Italy

Name of Medical Attendant, or other person who makes this Return. C. C. Kelchner

Address, 2000 E. Balt St.

Remarks, Born at Hospital Maternity.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 8th 1892
4. *Place of Birth, (Street and Number)* #113 Rees St Corner
5. *Full Name of Mother,* Sarah C. Bradley
6. *Mother's Maiden Name,* " " Maxfield
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Frederick R. Bradley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly Station

Remarks,

1 8 9 2 0 0 0 4 2 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4694.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 8th 1892
4. Place of Birth, (Street and Number) # 402 3½ Street
5. Full Name of Mother, Mary E. Queens Gibson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto. Co Md
8. Full Name of Father, Joseph F. Queens
9. Father's Occupation Gafs Carker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, Waverly Station

Remarks,

18920004272

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W Lite
3. *Date of Birth,*	Dec 8th 1892
4. *Place of Birth, (Street and Number)*	# 3 Bartlett Ave
5. *Full Name of Mother,*	Laura V. Eck
6. *Mother's Maiden Name,*	" " Hall
7. *Mother's Birthplace,*	Balto Co. md
8. *Full Name of Father,*	Edwin H Eck
9. *Father's Occupation*	Rail roader
10. *Father's Birthplace,*	Hafard Co md
Name of Medical Attendant, or other person who makes this Return,	R G Rankin MD
Address,	Waverly Station
Remarks,	

8920004273

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife in charge of the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-26-97

RETURN OF A BIRTH. 44876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Florence George Ramsey
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 9 92
4. Place of Birth, (Street and Number)	5-25 Lanvale St.
5. Full Name of Mother,	Florence B. Ramsey
6. Mother's Maiden Name,	Goodsell
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Geo. E. Ramsey.
9. Father's Occupation	Plate Printer.
10. Father's Birthplace,	Elkton Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Chamberlain M.D.
Address,	
Remarks,	

8920004274

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 9th 1892
4. *Place of Birth, (Street and Number)*	#1210 Barclay St
5. *Full Name of Mother,*	Minnie M. Foley
6. *Mother's Maiden Name,*	" " Deatzen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John P. Foley
9. *Father's Occupation*	Telegraph Operator
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R G Rankin M D
Address,	Waverly Station
Remarks,	

1892000004275

Health. The attendant shall write out in full the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4/4/898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 15 1898

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 15th 1898

4. Place of Birth, (Street and Number) #418 Waverly Ave

5. Full Name of Mother, Georgia A Beatman

6. Mother's Maiden Name, " Pilcoat

7. Mother's Birthplace, Balto Co Md

8. Full Name of Father, Henry M Beatman

9. Father's Occupation House Carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R C Ramsain M D

Address, Waverly Station

Remarks,

18920004276

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner in the case the birth of any child shall occur without the attendance of a physician it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 16/92
4. Place of Birth, (Street and Number) 720 North Ave.
5. Full Name of Mother, Susan D. Guest.
6. Mother's Maiden Name, Vail
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Wm. H. Guest.
9. Father's Occupation Paper Merchant
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

8 9 2 0 0 0 4 2 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Whenever the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

W. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Cold.
3. Date of Birth, Dec. 17th 92.
4. Place of Birth, (Street and Number) Md. Lying in Hosht.
5. Full Name of Mother, Harriet Ringwalds
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. J. B. Crouch M.D. Capt. & Watkins

Address,

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8 9 2 U 0 0 4 2 7 8

Been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Sybilla ~~———~~ Frank

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18th 1892
4. Place of Birth, (Street and Number) 1025 S. Sharp St
5. Full Name of Mother, Kate Frank
6. Mother's Maiden Name, Kate Doherman
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, John Frank
9. Father's Occupation, Barrel Merchant
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, W. Carroll MD

Address, 926 Light St

Remarks, SIXTH NAME ADDED 5-5-54

1892000427 9 h. m.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 19th 1892
4. *Place of Birth, (Street and Number)*	629 Madison St Waverly
5. *Full Name of Mother,*	Carnelia A Glenn
6. *Mother's Maiden Name,*	" " Miller
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Charles H Glenn
9. *Father's Occupation*	Hoise Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R G Rankin MD
Address,	Waverly Station
Remarks,	1892000042 80

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 44903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 19th 1892
4. *Place of Birth, (Street and Number)*	# 620 Jefferson Ave Waverly
5. *Full Name of Mother,*	Ida B Jones
6. *Mother's Maiden Name,*	" " Harkins
7. *Mother's Birthplace,*	Harford Co Md
8. *Full Name of Father,*	Reynolds H Jones
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	York Co. Pa
Name of Medical Attendant, or other person who makes this Return,	R G Rankin M D
Address,	Waverly Station
Remarks,	18920004281

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

mouth, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly sigtied by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 21st 1892
4. *Place of Birth, (Street and Number)* Columbia ave 501 Balto
5. *Full Name of Mother,* Lyla Ward
6. *Mother's Maiden Name,* Lyla Landers
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Ward
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Mitchell

Address, 216 Parkin st Balto

Remarks, 18920004282

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A

Fifty-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 21 9th

4. *Place of Birth, (Street and Number)* 1833 E. Chase

5. *Full Name of Mother,* Eliz Twichell

6. *Mother's Maiden Name,* Betts

7. *Mother's Birthplace,* N. E.

8. *Full Name of Father,* C. A. Twichell

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* N. E.

Name of Medical Attendant, or other Person who makes this Return. R. B. Schwatka M.D.

Address, 1003 N. Bway

Remarks, 1892 0004283

Murphy & Co., City Printers and Stationers.

ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 23, 1892.
4. *Place of Birth, (Street and Number)* 1309 N. Calvert St.
5. *Full Name of Mother,* Louise E. F. Bruce
6. *Mother's Maiden Name,* Louise E. Fisher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H. Cabell Bruce.
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Charlotte Co., Va.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 905 N. Charles St.

Remarks,

1892 0004284

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth, Christmas Dec. 25. 1892.
4. Place of Birth, (Street and Number) 1522 W. Lanvale St
5. Full Name of Mother, Laura J. Howard
6. Mother's Maiden Name, " " Ford
7. Mother's Birthplace, md
8. Full Name of Father, Ernest Howard
9. Father's Occupation Grocer
10. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return, G Lane Dameshell

Address, 1103 Mads ave.

Remarks, Tedious labor: arrested osseous development in utero - Chloroform 8 & 12 drops each & Ether 5 ozs & 5 hours -

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 44908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* Dec. 27. 1892.
4. *Place of Birth, (Street and Number)* 125 McMechin St.
5. *Full Name of Mother,* Laura E. Vandamiker
6. *Mother's Maiden Name,* " " Givens
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Leon R Vandamiker
9. *Father's Occupation.* Locomotive Engineer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, G. Lane Tanyhill -

Address, 1103 Mads ave -

Remarks,

1 8 9 2 0 0 0 4 2 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5 Twins

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* December 24th 1892

4. *Place of Birth, (Street and Number)* 1529 Alice Anne St

5. *Full Name of Mother,* Jane Burns

6. *Mother's Maiden Name,* Mellon

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jim Burns

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S Broad St

Remarks, 8920004287

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Girl
3. Date of Birth, Dec 29th 1892.
4. Place of Birth, (Street and Number) 92 Boyd st Balto
5. Full Name of Mother, Kate Scanlon
6. Mother's Maiden Name, Kate Galler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Scanlon
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Cathrine Mitchell

Address, 216 Parkhurst Balto

Remarks, 1892000 4288

Births and deaths are to be registered as the law requires. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

44911.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29 - 92
4. *Place of Birth, (Street and Number)* 2227 Mura
5. *Full Name of Mother,* Mary Jewell
6. *Mother's Maiden Name,* Hackett
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles Jewell
9. *Father's Occupation,* Lab
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M.D.

Address, 103 N. Bond

Remarks,

1892 0004289

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st 1892
4. *Place of Birth, (Street and Number)*	# 1107 Park Road
5. *Full Name of Mother,*	Margaret H. Perry
6. *Mother's Maiden Name,*	" Robinson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H Perry
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other person who makes this Return,	Rob Rankin M D
Address,	Waverly Station
Remarks,	1892U004290

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	December fourteenth
4. *Place of Birth, (Street and Number)*	824 Pearce Street
5. *Full Name of Mother,*	Cornelia Lewis Sydnor
6. *Mother's Maiden Name,*	Cornelia Lewis
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Jud Sydnor
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. B. Radcliffe
Address,	1120 N. Eutaw St Baltimore Md
Remarks,	8920004291

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

E 44914.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 2d Dec 1892.

4. *Place of Birth, (Street and Number)* 839 E. Lombard St

5. *Full Name of Mother,* Minnie Long Rieser Dol.

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Frances Mc Long

9. *Father's Occupation* Varnisher

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Fahrenwald

Address, 72 Hamburg St.

Remarks, 1 8 9 2 0 0 0 4 2 9 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd Dec 1892
4. *Place of Birth, (Street and Number)* 220 N. High St.
5. *Full Name of Mother,* Bertha Krasner
6. *Mother's Maiden Name,* Schrage
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Krasner
9. *Father's Occupation* Butcher Business
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm E Peterman

Address, 72 Allendale St

Remarks, 1892U004293

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 44916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 23 / 92

4. Place of Birth, (Street and Number) 1413 Washington Ave

5. Full Name of Mother, Mrs Mahosky

6. Mother's Maiden Name, Mrs Indush

7. Mother's Birthplace, Germany

8. Full Name of Father, Jno Mahosky

9. Father's Occupation, Furniture

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Lee Bonsa

Address, 1605 E Chester Street

Remarks, 18920004294

Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23d Dec. 1892.

4. Place of Birth, (Street and Number) 456 E. Lombard St.

5. Full Name of Mother, Fannie Fogerman Hirsh.

6. Mother's Maiden Name, "

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Fogerman

9. Father's Occupation Tailor.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Fabermann

Address, 42 Albemarle St.

Remarks, 1892 0004295

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 44918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Dec 1892.
4. *Place of Birth, (Street and Number)* 120 Harrison St
5. *Full Name of Mother,* Dora Frank
6. *Mother's Maiden Name,* Babicah
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nicholas Frank
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Eutaw alley

Remarks, 8920004296

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Dec - 92
4. *Place of Birth, (Street and Number)* 1 Gay Street
5. *Full Name of Mother,* Alice Straker
6. *Mother's Maiden Name,* Alice Straker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Asst Low Davis

Address, 1602 E Shelter Street

Remarks, 8920004297

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44920.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* 25 December
3. *Date of Birth,* 25 December 92
4. *Place of Birth, (Street and Number)* 1716 Crystal Ave
5. *Full Name of Mother,* Margaretha Lauer
6. *Mother's Maiden Name,* Margaretha Lutz
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Barbie Lauer
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham Midwife

Address,

Remarks, 1892000 4298

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 44921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Bearden Fusselbaugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27th 92
4. *Place of Birth, (Street and Number)*	No 115 W. Lanvale St
5. *Full Name of Mother,*	Emma Fusselbaugh
6. *Mother's Maiden Name,*	Emma Presstman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt. A. Fusselbaugh
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. Jenkins
Address,	400 Cathedral St.
Remarks,	8920004299

been conferred) its sex, color, the full name and occupation of its parents, and place and date of birth, and the name and residence of the attendant upon the mother, if any, at the birth of the child. The certificate shall be in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health, in the manner and upon the blanks to be furnished by the Commissioner. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, or by the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of medicine, or midwife, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. B. ENSIGN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male 2 ~~female~~

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 29 December 92

4. *Place of Birth, (Street and Number)* 1710 Eutaw ave

5. *Full Name of Mother,* Annie E Carlton

6. *Mother's Maiden Name,* Annie E Klein

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Alex J Carlton

9. *Father's Occupation* Coal Forester

10. *Father's Birthplace,* Calvert Co

Name of Medical Attendant, or other person who makes this Return, Mrs Carlton and wife

Address,

Remarks, 18920004300

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. The case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 December 1892
4. Place of Birth, (Street and Number) No 2865 E Fayette st
5. Full Name of Mother, Louisa Schmeisder
6. Mother's Maiden Name, Louisa Folz
7. Mother's Birthplace, Maryland
8. Full Name of Father, George Schmeiser
9. Father's Occupation, Cattle Dealer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Betz

Address, 317 E Lombard st Extended

Remarks, Highlandtown

8 9 2 0 0 0 4 3 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 28 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec. 31st 192

4. *Place of Birth, (Street and Number)* 405 Forest St.

5. *Full Name of Mother,* Mary Crawford Rust,

6. *Mother's Maiden Name,* Sokoloff

7. *Mother's Birthplace,* Russia Kentucky

8. *Full Name of Father,* Solomon

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. D. Slotz

Address, 207 S. High Str

Remarks, 18920004302

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2 1873
4. *Place of Birth, (Street and Number)* 1417 Madison St Balto
5. *Full Name of Mother,* Francis A Stone
6. *Mother's Maiden Name,* Harris
7. *Mother's Birthplace,* Charles Co Md
8. *Full Name of Father,* 115 Stone
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Charles Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs M J Blackiston

Remarks, 721 Cumberland St

8920004303

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. And be it enacted, That the said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th 1893
4. *Place of Birth, (Street and Number)* Fulton Grove #3
5. *Full Name of Mother,* Carrie V. Jeanes
6. *Mother's Maiden Name,* Carrie V. Clark
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Robert L. Jeanes
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M J Slattery

Address, 721 Cumberland St

Remarks,

1892 0004304

Wm. J. C. Dulany Co., City Printers and Stationers.

...been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 6th 1893.
4. Place of Birth, (Street and Number) Baltimore Md., 1728 E. Charles St.
5. Full Name of Mother, Elizabeth V. Bonner
6. Mother's Maiden Name, Elizabeth V. Williford
7. Mother's Birthplace, Va.
8. Full Name of Father, Edward A. Bonner
9. Father's Occupation, Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Lilian Clark, M.D.

Address, 614 N. Charles St. (Emmeg Dispensary for Women & Children)

Remarks, 8920004305

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. SULLANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 11-4-52

RETURN OF A BIRTH. B-74928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elmira Rogers 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 7th '93
4. Place of Birth, (Street and Number) 105 Lanvale's Court East Balto
5. Full Name of Mother, Maggie Rogers
6. Mother's Maiden Name, Selina A Baltimore
7. Mother's Birthplace, Gaines
8. Full Name of Father, Edwin Rogers
9. Father's Occupation Philadelphia
10. Father's Birthplace, Cook

Name of Medical Attendant, or other person who makes this Return. Mrs Lanvale 191 E. Eden St.

Address,

Remarks, 8920004306

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 10. 1893.
4. Place of Birth, (Street and Number) 1138 N. Woodyear St.
5. Full Name of Mother, Mary Ann Davis.
6. Mother's Maiden Name, Mary Ann Gauges.
7. Mother's Birthplace, City.
8. Full Name of Father, Jakob Davis.
9. Father's Occupation, Salesman
10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return. Geo. C. Shannon 2nd

Address, 1442 Presstman St.

Remarks,

8920004307

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A44930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan 10th 1893

4. Place of Birth, (Street and Number) [redacted] Dowlys Lane

5. Full Name of Mother, Matilda B. Knowdlen

6. Mother's Maiden Name, Matilda Buscher

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, George Knowdlen

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Edmund Gibbs M.D

Address, 440 E. North Avenue.

Remarks, Normal birth L.C.I.A.

8920004308

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 44931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan 11th - 1893

4. Place of Birth, (Street and Number) 407 E. Lafayette Ave

5. Full Name of Mother, Lilian V. Beatty

6. Mother's Maiden Name, Lilian Maryland

7. Mother's Birthplace, Maryland

8. Full Name of Father, John B. Beatty

9. Father's Occupation, Life Insurance.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Edmund Gibbs M.D.

Address, 1440 E. North Avenue.

Remarks, Normal birth L.O.D.

1892000 4309

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Monk & Co., Our Printers and Stationers.

Sec. 2. And be it enacted, That the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44932.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 May Jan 1893
4. *Place of Birth, (Street and Number)* 1319 Wallcot st
5. *Full Name of Mother,* Elizabeth Bley
6. *Mother's Maiden Name,* Elizabeth Adler
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* August Bley
9. *Father's Occupation* Tiner
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs M. L Shadeney

Address, 731 Cumberland St

Remarks,

1 8 9 2 0 0 0 4 3 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 =

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* English

3. *Date of Birth,* Jan 14th 1893

4. *Place of Birth, (Street and Number)* 1552 Hanover Place

5. *Full Name of Mother,* Ida E Dicus

6. *Mother's Maiden Name,* " " Rea

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Richard Dicus

9. *Father's Occupation* Fireman

10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mc J Shockney

Remarks, 731 Cumberland St

1892 0004311

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. Be it further ordained, That the name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* black
3. *Date of Birth,* Jan 14th 1893
4. *Place of Birth, (Street and Number)* 5-47 Biddle alley
5. *Full Name of Mother,* Emma allen
6. *Mother's Maiden Name,* Emma allen not married
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* not known
9. *Father's Occupation,* not known
10. *Father's Birthplace,* not known

Name of Medical Attendant, or other person who makes this Return. Amanda J. Norris, M.D.

Address, 871 Harlem ave

Remarks, 8920004312

...ion of the sex, color, the full name and occupation ... the date and place of birth, and the ... been conferred. In case the child is born dead, the fact shall be reported to the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. S. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

H4935.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) ~~January 15th 1893~~ Female.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, January 15. 1893.
4. Place of Birth, (Street and Number) 1007 Whatcoat St.
5. Full Name of Mother, Lucy Quarles
6. Mother's Maiden Name, Lucy Pollard
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry Quarles
9. Father's Occupation, Laborer.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Geo. C. Shannon M.D.

Address, 1442 Broadway St.

Remarks,

8920004313

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-2-57

RETURN OF A BIRTH.

A 44936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Catherine Freeman Reed 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 15-93 1893
4. Place of Birth, (Street and Number) 1112 Schott Court
5. Full Name of Mother, Charlotte Reed
6. Mother's Maiden Name, Charlotte Winder
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Hunter Reed.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this return, Mary Sherwood M.D.

Address, 614 S. Charles St. Evening Dispensary for Women & Children

Remarks, 8920004314

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the case the birth of any child said schedule and every month to the physician or practitioner of midwifery, or should no other person be in third day without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur upon the mother, immediately thereafter, in the manner the duty of the person or persons who attendance report its birth to the Commissioner of Health, in the manner required, and child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to within the period above required, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 16/92
4. *Place of Birth, (Street and Number)*	1112 N. Bond St
5. *Full Name of Mother,*	Emma Gau
6. *Mother's Maiden Name,*	Jane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Gau
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Jennie Tuil
Address,	19 N. Eden St.
Remarks,	8920004315

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)* Jan 16th 93

3. *Date of Birth,* Baltimore Salem st 2518

4. *Place of Birth, (Street and Number)* Mary E Condon

5. *Full Name of Mother,* Mary E Woollen

6. *Mother's Maiden Name,* Baltimore Md

7. *Mother's Birthplace,* Wm F Condon

8. *Full Name of Father,* Driver

9. *Father's Occupation* Dorchester Co Md

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs M J Shakesy

Remarks, 731 Cumberland St

8920004316

Wm. J. C. Dulany Co., City Printers and Stationers.

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 147939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 - 1899
4. *Place of Birth, (Street and Number)* 1127 Ridge St.
5. *Full Name of Mother,* Mary R. Wolf
6. *Mother's Maiden Name,* " " Anderson
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Peter J. Wolf
9. *Father's Occupation,* Police department
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Thos. M. Lumpkin M.D.

Address, 640 W. Baltimore St.

Remarks, 6 9 2 U 0 0 4 3 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 18th 1893
4. Place of Birth, (Street and Number) 635 Lemon St
5. Full Name of Mother, Rosa Lee Butler
6. Mother's Maiden Name, Rosa Lee Rogers
7. Mother's Birthplace, Lawrenceburg Tennessee
8. Full Name of Father, James Addison Butler
9. Father's Occupation, Barber
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mary Sherwood M.D.

Address, 614 S. Charles St Evening Dispensary for Women & Children

Remarks, 8920004318

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the

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tion of its parents, the date and place of birth; and the
titioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
actioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 14/93
4. *Place of Birth, (Street and Number)* No 718 Hollis Str.
5. *Full Name of Mother,* Lida Simmons
6. *Mother's Maiden Name,* Clark
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* George W Simmons
9. *Father's Occupation* Painter,
10. *Father's Birthplace,* Cambridge

Name of Medical Attendant, or other person who makes this Return, Miss L Grass.

Address, No 1907 E Monument Str

Remarks, 8920004319

been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis-
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recov

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practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Com-
shall occur without the attendance of a physician or practi-
or practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it sha
th, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the
o comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comp
jected to the fine of ten (10) dollars for each offence, to be re
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1895
4. Place of Birth, (Street and Number) Aisquith St No 505
5. Full Name of Mother, Margarethe Louisa Sudsburg
6. Mother's Maiden Name, Margarethe Louisa Kurzer
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Louis J. Sudsburg
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Champ

Address, 511 Colvin St

Remarks, 1892 0004320

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RETURN OF A BIRTH. 44943,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15, 1893.
4. Place of Birth, (Street and Number) 1818 N. Spring St.
5. Full Name of Mother, Rosa Sheik
6. Mother's Maiden Name, Rosa Helfner
7. Mother's Birthplace, Germany
8. Full Name of Father, George Sheik
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Martha A. Fenton

Address, 1600 E. Lanvale St.

Remarks,

8 9 2 U 0 0 4 3 2 1

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RETURN OF A BIRTH

14944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 20th 1893

4. Place of Birth, (Street and Number) #830 Harford

5. Full Name of Mother, Mary Ann Tracy

6. Mother's Maiden Name, Mary Ann Dunn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Tracy

9. Father's Occupation, Glass maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E. A. White

Address, 1416 N. Central Ave.

Remarks, 1892000432 2

of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. A 44945.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Jan. 20th 1893.
4. *Place of Birth, (Street and Number)*	2429 St. Paul St.
5. *Full Name of Mother,*	Mary Nash
6. *Mother's Maiden Name,*	Fowler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt. Nash
9. *Father's Occupation*	Book-Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. T. Reynolds Jno.
Address,	2004 St. Paul St
Remarks,	1892000 4323

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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CERTIFICATE CORRECTED 12-8-39 #4946.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Lewis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21 1893
4. *Place of Birth, (Street and Number)*	1410 N. Paca St.
5. *Full Name of Mother,*	~~Kate~~ Mary Ann Lewis, Jenkins
6. *Mother's Maiden Name,*	Mary Ann Heath
7. *Mother's Birthplace,*	~~England~~ Great Britian
8. *Full Name of Father,*	Henry J. Lewis
9. *Father's Occupation,*	Steel Keeper at Newport News Ferry
10. *Father's Birthplace,*	~~England~~ Great Britian
Name of Medical Attendant, or other person who makes this Return.	O. Bryden Ward.
Address,	10 W. Hamilton St.
Remarks,	Child Christened Harry Lewis

8920001321

said schedule shall be delivered, duly signed by the practitioner in the ... and the occupation of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the ... and the ... of the Commissioner in the form of a certificate between the first and ... every month to the office of the Commissioner of Health. In case the birth of any child ... attendance of a physician or practitioner it shall become the duty of the person or parents of such ... without the attendance of a physician or practitioner of mid wifery, or should no other person be in ... immediately thereafter, in the manner and within the period above required, and ... upon the mother, the Commissioner of Health, in the manner and within the period above required, and ... with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-18-57

RETURN OF A BIRTH. 44947.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Harry Louis ~~Kratz~~ 2.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 21, 1893

4. *Place of Birth, (Street and Number)* No 25 20 ½ Monument St

5. *Full Name of Mother,* Martha Kratz

6. *Mother's Maiden Name,* Meurer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Adam Kratz

9. *Father's Occupation* Cabinet maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Guss

Address, No 1907 E Monument St

Remarks, 1 8 9 2 0 0 0 4 3 2 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

449 (48)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-1

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, ~~(if not of the white race)~~
3. Date of Birth, Jan 22nd 1893
4. Place of Birth, (Street and Number) 347 E 3rd St
5. Full Name of Mother, Anastasia Ferrell
6. Mother's Maiden Name, Anastasia Forrestall
7. Mother's Birthplace, Maryland
8. Full Name of Father, James J. or Jno. Ferrell
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Edmund Gibb M.D

Address, 410 E. North Avenue.

Remarks, Normal birth. C.O.D. Asthenia prematurity

8 9 2 0 0 0 4 3 2 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male No 13

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* January 22 1893
4. *Place of Birth, (Street and Number)* Vincent st 1106
5. *Full Name of Mother,* Josephine Ford
6. *Mother's Maiden Name,* Josephine Parker
7. *Mother's Birthplace,* Calvert Co md
8. *Full Name of Father,* Richard L Ford
9. *Father's Occupation,* domestic work
10. *Father's Birthplace,* Calvert Co md

Name of Medical Attendant, or other person who makes this Return, Raichal Tetker

Address, Vincent St [redacted] 20

Remarks,

8920004327

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH A 44950.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 23rd 93

4. Place of Birth, (Street and Number) 811 ½ Cross Street

5. Full Name of Mother, Josephine Knapp

6. Mother's Maiden Name, Josephine Knill

7. Mother's Birthplace, Balto city

8. Full Name of Father, Charles Knapp

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Edw Grumpler M.D.

Address, 529 Lemmon Pl

Remarks,

1 8 9 2 0 0 0 4 3 2 8

be so conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. E. ELLIOTT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4497.

JAN 27 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jany 23rd 1893
4. *Place of Birth, (Street and Number)*	# 10 Fredrick Ave
5. *Full Name of Mother,*	Mrs Elisabeth Ohms
6. *Mother's Maiden Name,*	Miss Schlütter
7. *Mother's Birthplace,*	Hanover Germany
8. *Full Name of Father,*	Henry Ohms
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Keiller
Address,	2127 W Pratt St
Remarks,	8 9 2 0 0 0 4 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... ...the Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Com... ...or practioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practi... ...r it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it sha... ...th, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in th... ...o comply with the provisions of this section shall be sub... ...any such person or persons who shall hereafter fail to comp... ...to be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be re...

RETURN OF A BIRTH. A 44957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Jan 24th 1893
4. Place of Birth, (Street and Number) 424 3½ St.
5. Full Name of Mother, Christina Loftus
6. Mother's Maiden Name, Christina Hermann
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Michael J. Loftus
9. Father's Occupation, Electrician
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Edward Gibbs M.D

Address, 1110 E. Fayette Avenue

Remarks, Normal birth. L.C.I.L. Irrevocable

1892000433 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 44953.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jany 25th 1893
4. *Place of Birth, (Street and Number)*	# 205 Frederick Ave
5. *Full Name of Mother,*	Mrs Bertha Rimbach
6. *Mother's Maiden Name,*	Miss " Visco
7. *Mother's Birthplace,*	Hanover Germany
8. *Full Name of Father,*	George Rimbach
9. *Father's Occupation*	Saloon
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Max Hiller
Address,	2127 W Pratt St
Remarks,	8 9 2 U 0 0 4 3 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 74954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* 1-26-93. 6 H 5 P M.
4. *Place of Birth, (Street and Number)* 555 Orchard St.
5. *Full Name of Mother,* Isabella Jennings
6. *Mother's Maiden Name,* Isabella Lewis
7. *Mother's Birthplace* Middle District Anne Arundel Co Md
8. *Full Name of Father.* John S Jennings
9. *Father's Occupation,* Cart Driver
10. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M D.

Address, 220 W. Franklin St

Remarks, Childs name Geo Washington Jennings 8 9 2 0 6 4 3 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

A 44905.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26th 1893
4. *Place of Birth, (Street and Number)* 1102 Linden ave,
5. *Full Name of Mother,* Kate Mannion,
6. *Mother's Maiden Name,* Kate Farrell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michal Mannion
9. *Father's Occupation,* night-watchman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave,

Remarks, 1 8 9 2 0 0 0 4 3 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 26 1902.

4. *Place of Birth, (Street and Number)* No. S. Eden St.

5. *Full Name of Mother,* Augusta Hamick

6. *Mother's Maiden Name,* Hill

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm. F. Hamick

9. *Father's Occupation* Ice Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Jennie Trent

Address, 19 N. Eden St.

Remarks, 8 9 2 0 0 0 4 3 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 44957

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 6th Dec. 1892

4. *Place of Birth, (Street and Number)* 226 S. Pat. Park Ave.

5. *Full Name of Mother,* Ella M. Brooks

6. *Mother's Maiden Name,* Lloyd

7. *Mother's Birthplace,* England

8. *Full Name of Father,* John T. Brooks

9. *Father's Occupation,* Chemist

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, C. P. Irons M.D.

Address, 1835 E. Baltimore St.

Remarks, This return was overlooked at the first of Jan. C.P.C.

8 9 2 0 0 0 4 3 3 5

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

CHECK NAME ADDED 10-11-56

RETURN OF A BIRTH. A 44958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Norwood Manger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 7 - 1892

4. Place of Birth, (Street and Number) 733 Cumberland Baltimore

5. Full Name of Mother, Sarah E. Manger

6. Mother's Maiden Name, Sarah E. Stadler

7. Mother's Birthplace, Carroll County

8. Full Name of Father, Frank Manger

9. Father's Occupation Foreman of Lake Roland Railway comp

10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return,

Address, Dr. H. B. Shockney

Remarks, 733 Cumberland St

1892000 4336

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Dec. 14th 1892.
4. *Place of Birth, (Street and Number)*	2427 Maryland av.
5. *Full Name of Mother,*	Gertrude Hall
6. *Mother's Maiden Name,*	Cummings
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Gerard G. Hall
9. *Father's Occupation*	P.O. R.R. Agent.
10. *Father's Birthplace,*	Balt. Co. Md
Name of Medical Attendant, or other person who makes this Return,	N. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	1892 0004337

Each Certificate as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

44960.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16th 1892
4. *Place of Birth, (Street and Number)* Baltimore Md. 726 Light St.
5. *Full Name of Mother,* Katherine Rinard
6. *Mother's Maiden Name,* Katherine Klink
7. *Mother's Birthplace,* New York State
8. *Full Name of Father,* Michael Rinard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Scranton Pa.

Name of Medical Attendant, or other person who makes this Return, Lilian Welch M.D.

Address Evening Dispensary for Women & Children, 614 N. Charles St.

Remarks, 1892000 4338

been conferred) its sex, color, the full name and occupation of its p... of birth; and the ... of its parents, the date and place of birth; and the ... manner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in t... Commissioner of Health. In case the birth of any be in ... third day of each and every month to the office of the Commissione... Commissioner of midwifery, or should no other person or parents of such ... physician or practitioner it shall become the duty of the person or parents of such ... shall occur without the attendance of a physician or practitioner it shall become the duty of the ... third day of the period above required, and ... shall occur without the attendance of a physician or practitioner it shall become the duty of the ... attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

44961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15th 1892
4. Place of Birth, (Street and Number) Baltimore Md 5 Kaufmann Alley
5. Full Name of Mother, Mary Greble
6. Mother's Maiden Name, Mary Morris
7. Mother's Birthplace, Md.
8. Full Name of Father, John Greble
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lillian Bebb L. M.D.

Address, Evening Dispensary for Women & Children, 614 S. Charles St.

Remarks,

1892000 4339

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 17 th 1915
4. *Place of Birth, (Street and Number)*	2009 Gough St
5. *Full Name of Mother,*	Lottie F M Montgomery
6. *Mother's Maiden Name,*	Lottie F M Peregay
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Henry F Montgomy
9. *Father's Occupation*	engineer
10. *Father's Birthplace,*	Chesepeake City
Name of Medical Attendant, or other person who makes this Return,	Mary E Peregay
Address,	1903 Gough St
Remarks,	1892000 4340

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* December 22nd 1892.
4. *Place of Birth, (Street and Number)* 1610 E. Eager ave.
5. *Full Name of Mother,* Lucia Lott.
6. *Mother's Maiden Name,* Lucia Welch.
7. *Mother's Birthplace,* in Baltimore.
8. *Full Name of Father,* Henry Lott.
9. *Father's Occupation,* is Business.
10. *Father's Birthplace,* in Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks,

8 9 2 U 0 0 4 3 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44964.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26th 1892.
4. *Place of Birth, (Street and Number)* Baltimore Md. 179 Goodmans Alley
5. *Full Name of Mother,* Annie M. Ackerman
6. *Mother's Maiden Name,* Annie M. Rauhut
7. *Mother's Birthplace,* Edenny, Germany.
8. *Full Name of Father,* Julius Ackerman
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Bamrow, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Sherwood M.D.

Address, 614 S. Charles St. Evening Dispensary for Women & Children

Remarks, + 8 9 2 U 0 0 4 3 4 2

...required the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form by the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

14965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 29, 92

4. Place of Birth, (Street and Number) 521 Myrtle

5. Full Name of Mother, Josephine Scott

6. Mother's Maiden Name, Earhart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank J. Scott

9. Father's Occupation, Policeman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, Geo. F. Cummings M.D.

Address,

Remarks,

1892000 4343

The full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-20-59

RETURN OF A BIRTH.

A 44966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Theresa Regan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 30 - 1892
4. *Place of Birth, (Street and Number)* 32 Maidens Choice R D Balto City
5. *Full Name of Mother,* Mary Regan
6. *Mother's Maiden Name,* Mary Stubbs
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Regan
9. *Father's Occupation* Hair Finisher
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Wicks

Address, Carroll P.O Baltimore City

Remarks, 8920004344

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd 1892

4. Place of Birth, (Street and Number) 1803 Aisquith

5. Full Name of Mother, Alverta Chantier

6. Mother's Maiden Name, Stayton

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Chantier

9. Father's Occupation, saloon

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 120 E. Preston

Remarks, 8920004345

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 14th 1892
4. *Place of Birth, (Street and Number)* 807 Greenmount ave
5. *Full Name of Mother,* Mary Virginia Henderson
6. *Mother's Maiden Name,* " " Arthur
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* George W. Henderson
9. *Father's Occupation.* Collector
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Geo. L. Snyder M.D.

Address, 711 N Calvert St

Remarks,

1892000043 46

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 14th 1892
4. Place of Birth, (Street and Number) 820 N Ann St
5. Full Name of Mother, Mygie ~~Bell~~ Kelly
6. Mother's Maiden Name, Callahan
7. Mother's Birthplace, Balto
8. Full Name of Father, J. J. Kelly
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B Billingslea

Address, 1206 E. Baltimore

Remarks,

8920004347

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 15 - 1893 (1842)
4. *Place of Birth, (Street and Number)* Morley Street
5. *Full Name of Mother,* Laura Christy
6. *Mother's Maiden Name,* Laura Bablitz
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James Christy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H. B. Mullins M.D.

Address, 952 Frederick Ave East

Remarks, 8920004348

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44971.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 16th 1892
4. *Place of Birth, (Street and Number)* 1007 E North Ave
5. *Full Name of Mother,* Kate Hall Robinson Balto
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* John E. Hall
9. *Father's Occupation,* boiler maker
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return, Wm. B. Billingslea

Address, 1206 E Baltimore

Remarks,

1892 0004349

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 44972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* December 20th 1892
5. *Place of Birth, (Street and Number)* 938 Greenmount Ave City
6. *Full Name of Mother,* Jennie Hooker
7. *Mother's Maiden Name,* Jennie Edgerton
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* Andrew Hooker
10. *Father's Occupation* Car Driver
    Father's Birthplace, Baltimore Md
    Name of Medical Attendant, or other person who makes this Return, Mrs Hooker
    Address, 883 Greenmount Ave.
    Remarks, 8920004350

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

44973.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21st 1892
4. Place of Birth, (Street and Number) 1616 N Wolfe
5. Full Name of Mother, Mary E Nace
6. Mother's Maiden Name, Ringer
7. Mother's Birthplace. Balto
8. Full Name of Father, John Nace
9. Father's Occupation. machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E Preston St

Remarks, 1892000 4351

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

44974

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 24th 19

4. Place of Birth, (Street and Number) 320 Hudson

5. Full Name of Mother, Mary Elizabeth

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, America

8. Full Name of Father, John J. Hess.

9. Father's Occupation, Shipsmith

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. E. J. Delaney M.D.

Address, 1114 Thompkins

Remarks,

1 8 9 2 0 0 0 4 3 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

44975

1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 31st 1892

4. Place of Birth, (Street and Number) 1123 Clarret Alley

5. Full Name of Mother, Fannie Davis

6. Mother's Maiden Name, Fannie Baynet

7. Mother's Birthplace, Kent Island

8. Full Name of Father, Eliza Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, Kent Island

Name of Medical Attendant, or other person who makes this Return. Mary Susan [illegible]

Address, 1035 S. Howard [illegible]

Remarks,

1892000 4353

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, the full names and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner of Health, on certificates to be furnished for that purpose by the Commissioner of Health. In case the birth of any child shall occur when no physician or midwife is in attendance, the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 3d days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no physician or midwife is in attendance, the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 3d days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur when no physician or midwife is in attendance, or should no other person named in this section report the birth, it shall become the duty of the person or persons occupying the house where the birth occurred, or in which the mother resides, to report the same within the period above required. Any person who shall neglect to report the birth of any child, as required by this section, shall be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Dec~~ Jan. 1st 1893
4. Place of Birth, (Street and Number) Lancaster 1602
5. Full Name of Mother, Mary Dobkunsky
6. Mother's Maiden Name, Mary Zeuka
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanla Dobkunsky
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 806 Aisquith St.

Remarks,

1892000354

...ty Printers and Stationers

...ntered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...regar without the attendance of a physician or practicioner of midwifery, or should no other person be in ...dance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ...to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y with the provisions of this section shall be sub... persons who shall hereafter ... recovered as other fines and forfeitures are recoverable. ...ten (10) dollars for each off...

RETURN OF A BIRTH. A 4977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Jan 1, 1893
4. Place of Birth, (Street and Number) #519 Baker St
5. Full Name of Mother, Ida L. Dickerson
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Wm H Dickerson
9. Father's Occupation, Marble Polisher
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, #647 Lafayette Ave (E. S. H)

Remarks, 8920004355

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be such person's duty to report the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth as aforesaid, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

44978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* first gone
4. *Place of Birth, (Street and Number)* 203 Chestnut st
5. *Full Name of Mother,* Ella Bennett
6. *Mother's Maiden Name,* Ella Gibson
7. *Mother's Birthplace,* Easton Clare Md
8. *Full Name of Father,* George Bennett
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 201 Christ st

Remarks, dairy Milk

1 8 9 2 0 0 0 4 3 5 6

been entered its sex, color, the full name and occupation of the first and practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, in case the birth of any child the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Jan-1-93
4. *Place of Birth, (Street and Number)* 1603 E Chase
5. *Full Name of Mother,* Lenna Reynolds Gracey
6. *Mother's Maiden Name,* BC
7. *Mother's Birthplace,* George B Reynolds
8. *Full Name of Father,* Printer
9. *Father's Occupation,* BC
10. *Father's Birthplace,* Jno Millard

Name of Medical Attendent, or other person who makes this Return. 1207 E. Monument St -

Address,

Remarks, 8 9 2 0 0 0 4 3 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...the date and place of birth; and the ...between the first and ...birth of any child ...person be in ...parents of such ...required, and ...shall be sub- ...forfeitures are recoverable.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
issioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
l become the duty of the person or parents of such
e manner and within the period above required, and
mply with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable

been conferred) its sex, color, the full name and occupation of its p
said schedule shall be delivered, duly signed by the practitioner in th
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter. It shall becom
child to report its birth to the Commissioner of Health, in the manne
any such person or persons who shall hereafter fail to comply wi
jected to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH. A 44980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
	Sex, (state whether male or female)	female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	January 7, 1893
4.	*Place of Birth, (Street and Number)*	Carroll st 1442 Carroll st
5.	*Full Name of Mother,*	Sarah Robinson
6.	*Mother's Maiden Name,*	Sarah Bartley
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Geo[illegible] Robinson
9.	*Father's Occupation,*	Teamster
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Linwood Mills
	Address,	1443 Ward st
	Remarks,	Dr. Gorsuch well Attended 1 8 9 3 0 0 7 3 5 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, ~~Jan~~ Jan 1. 1893

4. Place of Birth, (Street and Number) 922 E. Lanvale St.

5. Full Name of Mother, Mrs. Priscilla Hawk Kenneth Smith

6. Mother's Maiden Name, Mrs " " Knauel

7. Mother's Birthplace, Chester. Pa

8. Full Name of Father, Albert Hilliard Smith

9. Father's Occupation, Solicitor of Foreign Newspapers

10. Father's Birthplace, Gloucestershire England

Name of Medical Attendant, or other person who makes this Return, D. C. Dunkle M.D.

Address, 1000 E. Lanvale St.

Remarks, ~~Hosp~~ Forceps delivery

8920004359

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 1.
4. *Place of Birth, (Street and Number)* 831 Light
5. *Full Name of Mother,* Maggie Caulk.
6. *Mother's Maiden Name,* O'Scully.
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Chas. Caulk.
9. *Father's Occupation,* B. & O. R. R.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Jno. Scarbrough

Address, 12 Montgomery St.

Remarks, 1892 0004360

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 1 to 1893
4. *Place of Birth. (Street and Number)*	# 2121 Mary Ann Str
5. *Full Name of Mother,*	Mrs Emma Hauck
6. *Mother's Maiden Name,*	Miss " Heun
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Joseph Hauck
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	8920004361

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1, 1893
4. *Place of Birth, (Street and Number)*	111 Barney St.
5. *Full Name of Mother,*	Jennie Wiesman
6. *Mother's Maiden Name,*	Jennie Cook
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alois Wiesman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Boring Well

1 8 9 2 0 0 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The birth of every child born within the City of Baltimore shall be registered in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or midwife in attendance upon the mother, immediately after the birth of such child, and in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 44984

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 1 1893
4. *Place of Birth, (Street and Number)* 610 Patapsco ave
5. *Full Name of Mother,* Julia Quill
6. *Mother's Maiden Name,* Calvert County
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Molly Gross

Address, 213 W. York st. street

Remarks, 8920004367

been conferred) its sex, color, the full name and occupation of its parents, the date and Place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health. In case the firm of a certificate between the first and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A14485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 1st 1893
4. *Place of Birth, (Street and Number)* No 611 Frederick Ave
5. *Full Name of Mother,* Mary Scott
6. *Mother's Maiden Name,* Mary Schroeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H Scott
9. *Father's Occupation,* Woodturner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 2 0 0 0 4 3 6 4

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 1st 1893
4. *Place of Birth, (Street and Number)* No 36 Loudon Ave
5. *Full Name of Mother,* Caroline A Foelle
6. *Mother's Maiden Name,* Caroline A Hartung
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredick C Foelle
9. *Father's Occupation,* Black-smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1 8 9 2 0 0 0 4 3 6 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 4987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 1st 1893
4. Place of Birth, (Street and Number) 325 Park Ave
5. Full Name of Mother, Lulu Fowler
6. Mother's Maiden Name, Lulu Haynes
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George W. Fowler
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. A. H. Fowler

Address, #712 S. Stricker St.

Remarks,

1893

8920004366

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 January 1889
4. *Place of Birth, (Street and Number)* Baltimore 1026 Homewood Av
5. *Full Name of Mother,* Mary Catherine Dougherty
6. *Mother's Maiden Name,* Mary Lee Burke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Joseph Burke
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Ann Jayton

Address, 41 Guilford Alley Baltimore Md

Remarks,

1 8 9 2 0 0 0 4 3 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1 1893
4. Place of Birth, (Street and Number) 201 Larkin St
5. Full Name of Mother, Louise Seufer
6. Mother's Maiden Name, Louise Gesell
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, George Seufer
9. Father's Occupation, saloon
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pulpelton St

Remarks, 1892 0004368

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

RETURN OF A BIRTH.

44990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1th January 1893
4. Place of Birth, (Street and Number) 1113 Pinkney St.
5. Full Name of Mother, Mrs Augusta Cook
6. Mother's Maiden Name, Mathie Kraeger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Samuel C. Cook
9. Father's Occupation, Stock Fitter in shoe factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 1 8 9 2 0 0 0 4 3 6 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 June 1893
4. Place of Birth, (Street and Number) 925 Fawn St
5. Full Name of Mother, Mamie Vinik
6. Mother's Maiden Name, Chaitzig
7. Mother's Birthplace, Russia
8. Full Name of Father, Charlie Vinik
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Silverman

Address, 423 Albemarle St

Remarks, 1892000437 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15th 98
4. Place of Birth, (Street and Number) Homestead Bed-Cy - 22nd ward
5. Full Name of Mother, Minnie Merz Summers
6. Mother's Maiden Name, Minnie Merz
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Summers
9. Father's Occupation Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, R W Mifflin M D

Address, 432 Collendar St

Remarks. 1892 U 004371

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

E. 14993.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 2nd 1893
4. *Place of Birth, (Street and Number)* Baltimore Ind 1613 Bolton St
5. *Full Name of Mother,* Elizabeth McGill.
6. *Mother's Maiden Name,* Elizabeth Barnes
7. *Mother's Birthplace,* Baltimore Ind.
8. *Full Name of Father,* Joseph McGill
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Ind.

Name of Medical Attendant, or other person who makes this Return, Dr Karl Kraus.

Address, 414 S Strieker St Baltimore Ind

Remarks, Mother and Child are doing well

8920004372

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...ertained the full name of each child, (if any shall have ... as far as the same can be ascertained ... of its parents, the date and place of birth; and the ... mer in the form of a certificate between the first and ... missioner of Health. In case the birth of any child ... titioner of midwifery, or should no other person be in ... ll become the duty of the person or parents of such ... he manner and within the period above required, and ... mply with the provisions of this section shall be sub- ... covered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner ... shall occur without the attendance of a physician or practitioner ... third day of each and every month to the office of the Commissioner ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ten (10) dollars for each offense, to be recovered

of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its p
ber in the form of a certificate between the first and signed by the practitioner in the office of the Commissio
said schedule shall be delivered, duly signed by the physician or practioner of
third day of each and every month to the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44994.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jan 2nd 1893
4. *Place of Birth, (Street and Number)*	306 Ramsey Str
5. *Full Name of Mother,*	Mrs Annie Franz
6. *Mother's Maiden Name,*	Nois " Illing
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John Franz
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	8 9 2 0 0 0 4 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by law.

RETURN OF A BIRTH. A 4495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 2d 3:30 o'clock A.m. 1893.
4. *Place of Birth, (Street and Number)* 303 W. Hoffman Ste
5. *Full Name of Mother,* Maary Morris
6. *Mother's Maiden Name,* Maary Perrins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* L. Morris
9. ~~*Father's Occupation,*~~ —
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Czarra

Address, 303. W. Hoffman Ste.

Remarks,

8 9 2 0 0 0 4 3 7 4

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RETURN OF A BIRTH. A 44996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* January 2nd 1893

4. *Place of Birth,* (*Street and Number*) 1417 Pratt St

5. *Full Name of Mother,* Rosa Gregorowska

6. *Mother's Maiden Name,* Rosa Bryza

7. *Mother's Birthplace,* Russia Poland

8. *Full Name of Father,* Dr. Stanislaus Gregorowski

9. *Father's Occupation* Doctor Physician

10. *Father's Birthplace,* Poland Russia

Name of Medical Attendant, or other person who makes this Return Hyatt Klemansky

Address, 19 Central Ave

Remarks, 1 8 9 2 0 0 0 4 3 7 5

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...ness, who shall set forth in a certificate the same can be ascertained, the date and place of birth; and the ...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...oner of midwifery, or shall no other person be in ...all become the duty of the person or parents of such ...third day of each and every month to the office of the Commissioner of Health, and the ...shall occur without the mother, immediately thereafter it shall become the duty of the physician or practitioner in ...attendance upon the mother, immediately thereafter, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d or 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2th January 1892

4. Place of Birth, (Street and Number) 1824 E. Ashland Ave

5. Full Name of Mother, Mary Kozlowsky

6. Mother's Maiden Name, Mary Velenovsky

7. Mother's Birthplace, Hradesice in Boheumia

8. Full Name of Father, Joseph Kozlowsky

9. Father's Occupation Shoemaker

10. Father's Birthplace, Kvetusi in Boheumia

Name of Medical Attendant, or other person who makes this Return, Miss Svatosa

Address, N. Wolfe Ave No 1010

Remarks, 8920004376

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	
3. *Date of Birth*	January 2nd 1893
4. *Place of Birth*, (Street and Number)	1330 Division St.
5. *Full Name of Mother*,	Harriet A. Hanna
6. *Mother's Maiden Name*,	Herbert
7. *Mother's Birthplace*,	Catonsville, Baltimore Co. Md
8. *Full Name of Father*,	Edwin H. Hanna
9. *Father's Occupation*,	Clerk
10. *Father's Birthplace*,	Churchville, Harford Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Alice L. Partlemet M.D.
Address,	1410 Park Avenue
Remarks,	18920004377

ascertained the full name of each child if any shall have been omitted, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, the person or parents of such child, to be in attendance upon the mother, immediately thereafter and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1893

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

44999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22nd 93

4. Place of Birth, (Street and Number) 906 S Ramsay St. Balto Md

5. Full Name of Mother, Diana Hoffman

6. Mother's Maiden Name, Diana Saffran

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Hoffman

9. Father's Occupation, Car Builder

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Otto Cross

Address, 409 S Appleton St.

Remarks, 1892000 4378

parents, the date and place of birth, and the sex of each child born alive, which schedule shall be signed by the Commissioner of Health. In case the parents of such child to certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the said city, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2, 93
4. *Place of Birth, (Street and Number)* 708 S. Chester St Balto
5. *Full Name of Mother,* Elle Bank
6. *Mother's Maiden Name,* Elle Markel
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Bank
9. *Father's Occupation,* manufacturer of Tents
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barker

Address, 46 E York St

Remarks, 1 8 9 2 0 0 0 4 3 7 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45001.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd 1893
4. Place of Birth, (Street and Number) 1735. Littel William. St
5. Full Name of Mother, Emma. C. Smith
6. Mother's Maiden Name, Emma. C. Halfield
7. Mother's Birthplace, Carroll. county. md
8. Full Name of Father, Andrew. A. Smith
9. Father's Occupation, Brakeman - R R
10. Father's Birthplace, Fredrick county md

Name of Medical Attendant, or other person who makes this Return, Ellennora. a. anderson

Address, 1434 Patapsco. St

Remarks,

1 8 9 2 0 0 0 4 3 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White sacl.

3. Date of Birth, Monday Jan 2nd 1893

4. Place of Birth, (Street and Number) 1651 Hanover St South Balto

5. Full Name of Mother, Louise Rummenap Rasse

6. Mother's Maiden Name, Louise Rasse

7. Mother's Birthplace, Ravenes Hanover Germany.

8. Full Name of Father, Wm Rummenap.

9. Father's Occupation, Restaurant

10. Father's Birthplace, Bavaria Liebner Germany

Name of Medical Attendant, or other person who makes this Return. Ammon Gaelter

Address, 1705 Hanover St South Balto

Remarks, 18920004381

PUBS. J. D. ELLAMY & CO., CITY PRINTERS AND STATIONERS

4502

RETURN OF A BIRTH.

A 4,053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 2d 1893

4. Place of Birth, (Street and Number) 236 Eden St.

5. Full Name of Mother, Rachil Cohen

6. Mother's Maiden Name, Kovno Rufsia

7. Mother's Birthplace, Salomon Kaplin

8. Full Name of Father, Tailor

9. Father's Occupation Kovno Rufsia

10. Father's Birthplace, P. S. Lot

Name of Medical Attendant, or other person who makes this Return,

Address, 207 S. High St.

Remarks, 18920004382

Wm. J. C. Dulany Co., City Printers and Stationers.

upation of its parents, the date and place of birth; and the
name conferred; its sex, color, the full name and occupation
been conferred, duly signed by the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case no other person be in
third day of each and every month to the office of the Commissioner of Health, the duty of the person or parents of such
shall occur without the mother, immediately thereafter it shall become the duty of the person above required, and
attendance upon the mother, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A45004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name Leon J. Eberhard

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Jan 2. — 93

4. Place of Birth, (Street and Number) 536 S. Paca St.

5. Full Name of Mother, Virginia (Everhart) Eberhard

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Cincinnatta Ohio.

8. Full Name of Father, Joseph (Everhart) Eberhard

9. Father's Occupation, Glass Blower.

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Thos. M. Lumpkin, M.D.

Address,

Remarks, 8920004383

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4/2005.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 21 1905
4. *Place of Birth, (Street and Number)* 211 S. High St
5. *Full Name of Mother,* Beckie
6. *Mother's Maiden Name,* Sibears
7. *Mother's Birthplace,* Kovno
8. *Full Name of Father,* Morris Bleiler
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace,* Kovno

Name of Medical Attendant, or other person who makes this Return, Pauline Slek

Address, 201 S. High St

Remarks, 18920004384

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 45806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3 th 1893
4. *Place of Birth, (Street and Number)*	№ 2011 Fort ave
5. *Full Name of Mother,*	Mary Mannion
6. *Mother's Maiden Name,*	Mary Cooney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Mannion
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	№ 15-17 Byrd St
Remarks,	1892000 4385

Wm J C. Dulany Co., City Printers and Stationers.

been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifry, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1893
4. *Place of Birth, (Street and Number)* 1028 Park ave
5. *Full Name of Mother,* Eliza Chaney
6. *Mother's Maiden Name,* Eliza Young
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Noah Chaney
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park ave.

Remarks, 8920004386

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Of White
3. *Date of Birth,* January 3rd 1893
4. *Place of Birth, (Street and Number)* 1173 E. Lanvale St
5. *Full Name of Mother,* Ida Herbert Epstein
6. *Mother's Maiden Name,* Ida Swinger
7. *Mother's Birthplace,* Port Rupara
8. *Full Name of Father,* Epstein
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Salvador Russia

Name of Medical Attendant, or other person who makes this Return, Mathew Klaminsky

Address, 1172 E. Lanvale St

Remarks,

1892000 4387

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-21-57

RETURN OF A BIRTH. A 45208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2nd

1. Sex, (state whether male or female) Annie Margaret Hess
2. Race or Color, (if not of the white race) Female
3. Date of Birth, White
4. Place of Birth, (Street and Number) Jany 3rd, 1893
5. Full Name of Mother, 838 Burgundy st
6. Mother's Maiden Name, Emma Hess
7. Mother's Birthplace, Emma Flora
8. Full Name of Father, Baetmm
9. Father's Occupation, William Hess
10. Father's Birthplace, Walchman
Name of Medical Attendant, or other person who makes this return, Baetmm Md
Address, Hellyonda Olifer
Remarks, 6th & Paca St

1 8 9 3 0 0 0 4 3 8 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 3rd 1873
4. Place of Birth, (Street and Number) 2 Jr. 31 Loudon Ave.
5. Full Name of Mother, Nellie J Mansberger
6. Mother's Maiden Name, Nellie J Hardner
7. Mother's Birthplace, Baltimore Co:
8. Full Name of Father, William Mansberger
9. Father's Occupation, Butcher ~~Baltimore Co.~~
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1 8 9 2 0 0 0 4 3 8 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Wednesday the 3rd

4. *Place of Birth, (Street and Number)* 613 Greenmount St

5. *Full Name of Mother,* Sarah Hall

6. *Mother's Maiden Name,* Sarah Pitts

7. *Mother's Birthplace,* Eastern Shore Queen Ann

8. *Full Name of Father,* Edward Bidgett

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other person who makes this Return, Lecture Cook

Address, 714 Bradley St

Remarks, 1892000 4390

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any court of competent jurisdiction.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A.45011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3 1893
4. *Place of Birth, (Street and Number)* 61 Robinson Ave
5. *Full Name of Mother,* Sophie Burger
6. *Mother's Maiden Name,* Schwake
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Paul Burger
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Dr L Fellenbaum M.D

Address, 705 N Eutaw St

Remarks, 8920004391

been conferred) its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3 1893

4. Place of Birth, (Street and Number) 936 S. Paca St.

5. Full Name of Mother, Elizabeth V. Logan

6. Mother's Maiden Name, Vogelman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Thomas V. Logan

9. Father's Occupation Salesman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, L. L. Luddenbeck

Address, 418 S. Paca St.

Remarks, 6920004392

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ertained the full name of each child, (if any shall have
on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
nmissioner of Health. In case the birth of any child
all become the duty of the person or parents of such
ctitioner of midwifery, or should no other person be in
the manner and within the period above required, and
omply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the man
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offense, to be recovere

RETURN OF A BIRTH. A 45013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd January
4. *Place of Birth, (Street and Number)*	1109 Hanbert st
5. *Full Name of Mother,*	Ella H. Fallon
6. *Mother's Maiden Name,*	Ella H. McHale
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Fallon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Margaretta Etell
Address,	1619 Cuba st
Remarks,	8920004393

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 3d '93
4. *Place of Birth, (Street and Number)*	823 Hollins St.
5. *Full Name of Mother,*	Augusta Strouse Sperling
6. *Mother's Maiden Name,*	New York
7. *Mother's Birthplace,*	Henry F. Strouse
8. *Full Name of Father,*	Druggist
9. *Father's Occupation*	Illinois
10. *Father's Birthplace,*	Thomas O'Lee M.D.
Name of Medical Attendant, or other person who makes this Return,	600 N. Howard St
Address,	
Remarks,	1892000 4394

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the name, sex, color, occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the child last born, and the number of such children now living; and shall be delivered, duly signed by the practitioner, midwife or person in charge, to the Commissioner of Health. In case the birth of any child has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the practitioner, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, midwife or person in charge, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the attendance of a physician or practitioner or midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

1505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frieda Cohn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 3d 1893
4. Place of Birth, (Street and Number) 769 W. Lexington
5. Full Name of Mother, Mrs Jennie Cohn
6. Mother's Maiden Name, Mrs Jennie Wilinski
7. Mother's Birthplace, Germany
8. Full Name of Father, Alexander Cohn
9. Father's Occupation, Clothier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return John C. Hammeter

Address, 637 Lombard St. West

Remarks, GIVEN NAME ADDED, 6-30-93

189200 A. 3795

any name and the certificate shall be delivered, duly signed by the practitioner, in the form of a place of its birth, and the said schedule shall be each and every month to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth and death of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3 93
4. Place of Birth, (Street and Number) 2010 Edmondson Ave
5. Full Name of Mother, Rosiyanda Yeoh
6. Mother's Maiden Name, Rosiyanda Thomas
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Yeoh
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Leon Bruns

Address, 1600 N Shelton Road

Remarks, 8920004396

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 45017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4. 1893
4. Place of Birth, (Street and Number) 2114 Jefferson St.
5. Full Name of Mother, Louisa Schleeter
6. Mother's Maiden Name, Louisa Gabel
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Theodore Schleeter
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Andrew L. Gage M.D

Address, 522 North Broadway

Remarks,

8920004397

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 4018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4th 1893
4. Place of Birth, (Street and Number) Baltimore, 411 East Madison St
5. Full Name of Mother, H. E. Elder
6. Mother's Maiden Name,
7. Mother's Birthplace, Harford County
8. Full Name of Father, H. E. Elder
9. Father's Occupation, Engraving Work
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane Frost

Address, 804 Stirling Street

Remarks,

18920004398

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 9-16-55

RETURN OF A BIRTH.

H5019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Robert Norman Floyd 2d.
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	January 4th 1893
4. Place of Birth, (Street and Number)	no number Binder St
5. Full Name of Mother,	Rose Floyd
6. Mother's Maiden Name,	Rose Capplemann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Floyd
9. Father's Occupation,	Boiler maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1517 Byrd St
Remarks,	18920004399

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Jan 1895
4. Place of Birth, (Street and Number) 502 South Dallas at
5. Full Name of Mother, Lizzie Bittner
6. Mother's Maiden Name, Lizzie Dolin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Bittner
9. Father's Occupation, Labore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 South Bond st

Remarks, 1892000 4400

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1895

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 45021.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1893
4. Place of Birth, (Street and Number) #1129 S. Sharp Street
5. Full Name of Mother, Mary Able
6. Mother's Maiden Name, Mary Hoff
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Chris Able
9. Father's Occupation, Mechanic
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Charles H. Howlett

Address, #712 S. Sharp St

Remarks, 18920004401

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-15-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emilie Charlotte Storck	9th.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (State whether male or female).	Female.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	January 4th 1893.
4. Place of Birth, (Street and Number)	414 E Chase St.
5. Full Name of Mother,	Jennie Storck.
6. Mother's Maiden Name,	" Barth.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	George F Storck
9. Father's Occupation,	Planing Mill Lumber Yard
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Dr W Cathell M.D
Address,	1308 N Bloodwood
Remarks,	1892000 4402

been entered its sex, color, the full name and occupation of its parent, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

45373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 4/93
4. *Place of Birth, (Street and Number)*	4 - Montello av.
5. *Full Name of Mother,*	Sarah, Alice Gerver
6. *Mother's Maiden Name,*	" Sadler
7. *Mother's Birthplace,*	Balt. md.
8. *Full Name of Father,*	Charles albert Gerver
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	F. P. Murphy md.
Address,	1724 Maryland av.
Remarks,	

8920004403

ascertain the full names of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable. 1893

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 45074.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 12 '89

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Jan 4th 1893

4. *Place of Birth, (Street and Number)* 1114 Laurel St Balto Md.

5. *Full Name of Mother,* Fannie Anthony

6. *Mother's Maiden Name,* Annie Cuninghum

7. *Mother's Birthplace,* Franklin Va

8. *Full Name of Father,* John Anthony

9. *Father's Occupation,* Coachman

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie Myers

Address, No 223 Clay St.

Remarks, 1 8 9 2 0 0 0 4 4 0 4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

its parents, the date and place of birth; and the
in the form of a certificate between the first and
tioner of Health, in case the birth of any child
ner of midwifery, as should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
, with the provisions of this section shall be sub-
red as other fines and forfeitures are recoverable

month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its parents
said schedule shall be delivered, duly signed by the practitioner in the first and
third day of each and every month to the office of the Commissioner of Health, in case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, as should no other person be in
attendance upon the mother, immediately thereafter; and it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 45075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 4 1903
4. *Place of Birth, (Street and Number)* 216 Eliott St
5. *Full Name of Mother,* Ida C. Simpson
6. *Mother's Maiden Name,* Ida C. Kolbe
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James F. Simpson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, A. Bystricer M. D.

Address, # 400. S. Broadway

Remarks, Born at 8 38 P.M.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 48026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 4th 93
4. *Place of Birth, (Street and Number)* 320 - Co. 21st St
5. *Full Name of Mother,* Annie Hayes Flaherty
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balt -
8. *Full Name of Father,* Chas V. Flaherty
9. *Father's Occupation,* Cashier -
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Dr Gaines M.D.

Address, 210 - Mc Mec Ave

Remarks, 1892 0004406

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

450M

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Virginia Banks

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th,

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, Jan 4th — 13
4. Place of Birth, (Street and Number) 606 W Barnett
5. Full Name of Mother, Elnora Banks
6. Mother's Maiden Name, Addoms
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, W. E. Banks
9. Father's Occupation, R. R. Conductor N. C.
10. Father's Birthplace, Thos. McLemore Md.

Name of Medical Attendant, or other person who makes this Return. 640 W. Barnett

Address,

Remarks, 8920004407

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of its parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. SULLANY & CO., CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

48028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) colord
3. Date of Birth, Jan 5
4. Place of Birth, (Street and Number) 13 Barnet St
5. Full Name of Mother, Sallie ann Denver
6. Mother's Maiden Name, Le Dux
7. Mother's Birthplace, Easton Md
8. Full Name of Father, Louis Smith Denver
9. Father's Occupation, Flour Packer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lonnie Rogers

Address, No 223 Clay St

Remarks, 1892000 4408

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1893
4. Place of Birth, (Street and Number) 609 Lee Street
5. Full Name of Mother, Flora Schneider
6. Mother's Maiden Name, Flora Warenfield
7. Mother's Birthplace, Blue Ridge
8. Full Name of Father, Frank Schneider
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kelegunda Schleifer

Address, 641 S. Paca Street

Remarks, 1892000 4409

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case, the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5, Jan.
4. *Place of Birth, (Street and Number)* 714 Spring St.
5. *Full Name of Mother,* Katy Hershman
6. *Mother's Maiden Name,* Katy Dierkon
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Hershman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Brick midwife.

Address, No 506 N. High St

Remarks, 18920004410

Wm J C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and
ne Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
er it shall become the mother and within the period above required, and
ith. In the matter the provisions of this section shall be sub-
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health. In t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 45031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) on January 5 1893

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 5 1893
4. Place of Birth, (Street and Number) 944 Hanover Street
5. Full Name of Mother, Ida Brown
6. Mother's Maiden Name, Caldwell Cassaday
7. Mother's Birthplace, Benjamin Sesta
8. Full Name of Father, Shooting
9. Father's Occupation, Caldwell County
10. Father's Birthplace, Michael Sesta

Name of Medical Attendant, or other person who makes this Return, 1820 Aisquith St

Address, Dr Dawson was with me

Remarks, 1892000411

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...ation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivery month to the officer or practitioner in the ... third day of each and every month to the officer or practitioner in the ... shall occur without the attendance of a physician or practitioner, and ... shall become upon the mother, immediately thereafter it shall become and within the period above required, and ... attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be sub- ... child to report its birth to the Commissioner of Health, in the manner and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 45032

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan 5th 1893

4. Place of Birth, (Street and Number) #903 Tulley Street.

5. Full Name of Mother, Mary Ellen Kelley

6. Mother's Maiden Name, Mary Ellen Colford

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Kelley

9. Father's Occupation, Police

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. E A White

Address, #1410 N. Central Ave.

Remarks, 18920004412

born or not, the full name, nativity, and residence of such child or children."

of the parents, and the maiden name of the mother of such

born, as to their physical condition, whether still-born or

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 5 th 1893
4.	*Place of Birth, (Street and Number)*	103 Lemon st Balto
5.	*Full Name of Mother,*	Mary Hackman
6.	*Mother's Maiden Name,*	Mary Schultz
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	John Hachman
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Catherine Mitchell
	Address,	216 Parkin st Bal
	Remarks,	1892000441 3

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of the office of the Com- third day of each and every month to the physician or practitioner of midwifery, or shall no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 15-033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 5 of Jan 1893

4. *Place of Birth, (Street and Number)* 1012 Robert st.

5. *Full Name of Mother,* Minnie Garrett

6. *Mother's Maiden Name,* Foster

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Garrett

9. *Father's Occupation* Porter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Gross

Address, 1907 E Monument st.

Remarks, 8920004414

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45034.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4th - 1893
4. *Place of Birth, (Street and Number)* 28 05 Edmondson
5. *Full Name of Mother,* Cathern Yamoon
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Frankel Yamoon
9. *Father's Occupation,* Seamond
10. *Father's Birthplace,* Livingston Florida

Name of Medical Attendant, or other person who makes this Return, Sarah T Harrington

Address, c/o 924 Pennsylvania Ave

Remarks, 8920004415

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... the 11th child

1. *Sex, (state whether male or female)* ..... female
2. *Race or Color, (if not of the white race)* ..... colored
3. *Date of Birth,* ..... 5 of Jan 29
4. *Place of Birth, (Street and Number)* ..... 2216 N. 135
5. *Full Name of Mother,* ..... Mary E Cook
6. *Mother's Maiden Name,* ..... Mary E Gilmor
7. *Mother's Birthplace,* ..... va
8. *Full Name of Father,* ..... Joseph Cook
9. *Father's Occupation* ..... Barber
10. *Father's Birthplace,* ..... Balti M.d

Name of Medical Attendant, or other person who makes this Return, ... Sellers Cook

Address, ... 744 Bradley Ct

Remarks, ...

8920004416

...ed by J. C. Dulany Co., City Printers and Stationers.

...ion of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-45035.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 2 of January 1893

4. *Place of Birth, (Street and Number)* 2165 Madison St.

5. *Full Name of Mother,* Minnie Hellmeyer

6. *Mother's Maiden Name,* Konig.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Hellmeyer

9. *Father's Occupation* Farmer

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs L Gus

Address, 1407 E Monument st.

Remarks,

8920004417

JUL 13 1893

...tion of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First /
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Jan 6th 1898
4. *Place of Birth, (Street and Number)*	Baltimore 12 Arch street
5. *Full Name of Mother,*	Inelenny Allsup
6. *Mother's Maiden Name,*	Inelenny Williams
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Augusta Allsup
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Howard
Address,	1046 Cross street East
Remarks,	

1892 0004418

mouth, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45037.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5. 1898
4. Place of Birth, (Street and Number) 2107 Oak Street
5. Full Name of Mother, Lucie Bantz
6. Mother's Maiden Name, " Border
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Gideon A. Bantz
9. Father's Occupation, Clerk
10. Father's Birthplace, Ohio

Name of Medical Attendent, or other person who makes this Return. Martha Brewer

Address, 1106 McCulloh St.

Remarks,

1892000 4419

All births must be registered within ten days after occurrence, and shall set forth as far as the same can be ascertained the full name of each child born; the sex and color; the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child born; the sex and color; the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 45038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 11
4. *Place of Birth, (Street and Number)* Gentin St. 1306 Locust Point
5. *Full Name of Mother,* Mary Butka
6. *Mother's Maiden Name,* Staefeki
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Butka
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary M. Szyka

Address, 806 Ann St.

Remarks, 18920004420

Geo. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of January 1893
4. Place of Birth, (Street and Number) 1629 N. Chapel Baltimore
5. Full Name of Mother, Lena B. McKay
6. Mother's Maiden Name, Lena Bauer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward McKay
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bleach

Address, 1627 N. Chapel St Baltimore

Remarks,

8920004421

month, and shall set forth in the [illegible] name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its

RETURN OF A BIRTH. 45040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* January 6th 1893

4. *Place of Birth, (Street and Number)* 1611 Lancaster St

5. *Full Name of Mother,* Rosa Studzinski

6. *Mother's Maiden Name,* Gorcewicka

7. *Mother's Birthplace,* Poland

8. *Full Name of Father,* Michael Studzinski

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St

Remarks,

1892000422

Wm. J. C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Com... ...the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practi... ...r practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it sha... ...it shall become the duty of the person or parents of such ...Child to report its birth to the Commissioner of Health, in th... ...h, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comp... ...o comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence, to be re... ...o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6th
4. *Place of Birth, (Street and Number)*	216 Clay St
5. *Full Name of Mother,*	Elizabeth L. Graefe
6. *Mother's Maiden Name,*	" Schneider
7. *Mother's Birthplace,*	Kingsville Balto Co.
8. *Full Name of Father,*	Edward Graefe Jr
9. *Father's Occupation,*	Expressman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs. Fannie Myers
Address,	No 223 Clay St.
Remarks,	1892 0004423

been conferred) its sex, color, the full name of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 17 1893

4. *Place of Birth, (Street and Number)* 507 Broad Alley

5. *Full Name of Mother,* S Rosenthal

6. *Mother's Maiden Name,* S Rosa Simon

7. *Mother's Birthplace,* Poland Prussia

8. *Full Name of Father,* J Rosenthal

9. *Father's Occupation* Peddler Rags

10. *Father's Birthplace,* Poland Russia

Name of Medical Attendant, or other person who makes this Return, Nettie Klemanski

Address, 1918 Eastern Ave

Remarks, 8920004424

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

46047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 6. 1893
4. Place of Birth, (Street and Number) Good Samaritan Hospital
5. Full Name of Mother, Rosa Burshock
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dilghman B. Marden M.D.

Address, Hospital Good Samaritan

Remarks, Case Normal, mother & child living.

8920004425

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

AK D SAFETY FILM

...ing Hebrew Synagogue. ...Answer the questions below. Over

RETURN OF A BIRTH. 45043.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mollie J Abramowitz

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 6th 1893
4. Place of Birth, (Street and Number) No 315 S Sharp st Balto.
5. Full Name of Mother, Minnie Abramowitz
6. Mother's Maiden Name, Minnie Venus
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Abramowitz
9. Father's Occupation, Manager
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barber

Address, No 46 York st

Remarks, 1892 1892 0004426

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. 1893

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 6 1893
4. *Place of Birth, (Street and Number)*	Brady Mansion, Waverly.
5. *Full Name of Mother,*	Katherine [illegible] Kiel
6. *Mother's Maiden Name,*	Katherine Ruff
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Geo. Antony Kiel
9. *Father's Occupation,*	Varnisher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs ~~Katherine~~ Harriet Blatchley
Address,	114 Old York [illegible] Mrs
Remarks,	

1892000442 7

Health. This Return shall contain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother. Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BRO. J. C. BALANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

S. 45045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 7 Oct Jan 1896

4. Place of Birth, (Street and Number) no Number Vineet alley near Eutaw

5. Full Name of Mother, Emelia Ringgold (Rizzare)

6. Mother's Maiden Name, Polk

7. Mother's Birthplace, Eastern Maryland

8. Full Name of Father, John H. Ringgold

9. Father's Occupation Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga st

Remarks,

1 8 9 2 0 0 0 4 4 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred,) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH

A 45046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10. 9 Clock A. M. 1893
4. *Place of Birth, (Street and Number)* 303. W. Hoffman Ste.
5. *Full Name of Mother,* Annie Harvy
6. *Mother's Maiden Name,* Annie Harvy
7. *Mother's Birthplace,* Weston Port
8. *Full Name of Father,* Jame Mullin
9. *Father's Occupation,* Richmond Virgine
10. *Father's Birthplace,* Richmond Virginie

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Czarra

Address, 303. W. Hoffman Ste.

Remarks,

8 9 2 0 0 0 4 4 2 9

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4504

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Jan 1893
4. *Place of Birth, (Street and Number)* 407 South Bond st
5. *Full Name of Mother,* Katie Bergerding
6. *Mother's Maiden Name,* Katie Schaefer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Bergerding
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 409 South Bond st

Remarks,

1 8 9 2 0 0 0 4 4 3 0

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

45048.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Jan 7th 1893
4. *Place of Birth, (Street and Number)*	863 Aisquith St
5. *Full Name of Mother,*	Lillie M Garner
6. *Mother's Maiden Name,*	Lillie M Hamblin
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	James P Garner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
Address,	710 Seaden - Hall st
Remarks,	five dollars

1892 0004431

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	January the 7 1893
4.	*Place of Birth, (Street and Number)*	Ledenhall st No 424
5.	*Full Name of Mother,*	sarah diggen
6.	*Mother's Maiden Name,*	sarah anderson
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	samuel anderson
9.	*Father's Occupation,*	labour
10.	*Father's Birthplace,*	saint Marys County
	Name of Medical Attendant, or other person who makes this Return,	sarah Jane Miller
	Address,	No 115 west Fleury st
	Remarks,	full 9 months

8920004432

month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the date and place of birth; and the color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

45050.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 7th 1892

4. Place of Birth, (Street and Number) 772 W Fayette St

5. Full Name of Mother, Ella G Hill

6. Mother's Maiden Name, Ella R Simpson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William T. Hill

9. Father's Occupation, Collector

10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return. James Dolan

Address, 719 Virginia Street

Remarks,

1 8 9 2 0 0 0 4 4 3 3

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 7th 1893

4. Place of Birth, (Street and Number) 423 Monument St

5. Full Name of Mother, Annie Kennedy

6. Mother's Maiden Name, Annie McDonald

7. Mother's Birthplace, County Wexford Ireland

8. Full Name of Father, Ambrose Kennedy

9. Father's Occupation, Saloon keeper

10. Father's Birthplace, County Wexford Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 423 E. Monument - & Baltimore Md

Remarks, 23 N Coppleton St

1893 2 0 0 0 4 4 3 4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 45057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 7 1893
4. Place of Birth, (Street and Number) 813 pennsylvania aly
5. Full Name of Mother, Georgie Carroll
6. Mother's Maiden Name, Georgie Smith
7. Mother's Birthplace, Eastonshore Virginia
8. Full Name of Father, Robert Carroll
9. Father's Occupation, Wool Packer
10. Father's Birthplace, Eastonshore Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Brown

Address, 827 china Street

Remarks, 18920004435

Health. This schedule shall contain a list of the births which have occurred within the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7th 1892
4. *Place of Birth, (Street and Number)*	Baltimore, 718 Sterling Street
5. *Full Name of Mother,*	Mary Jones
6. *Mother's Maiden Name,*	Mary Harris
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Joseph E. Jones
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Govanstown
Name of Medical Attendant, or other person who makes this Return.	Jane Hunt
Address,	604 Sterling Street
Remarks,	

8920004436

Health. The undersigned is required by law to ascertain the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4.50 OK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 7 93
4. *Place of Birth, (Street and Number)*	1319 Dallas St
5. *Full Name of Mother,*	Jane Dorsey
6. *Mother's Maiden Name,*	Jane McNamara
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Dorsey
9. *Father's Occupation*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs. Cunningham, Midwife
Address,	
Remarks,	18920004437

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

1850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 8th 1893
4. *Place of Birth, (Street and Number)* No 864 Park Ave
5. *Full Name of Mother,* Annie J. Manns
6. *Mother's Maiden Name,* " " Johnson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis ~~Harbin~~ Manns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Green Spring Valley Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks, 18920004438

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

4806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Jan 8th 1893
4. Place of Birth, (Street and Number)	244 Pine Street
5. Full Name of Mother,	Rosa Curtis
6. Mother's Maiden Name,	Rosa Taylor
7. Mother's Birthplace,	Butts Mc.
8. Full Name of Father,	Henry Curtis
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return.	Charles Foster
Address,	#718 Thames St.
Remarks,	

18920004439

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 8. 1893.
4. Place of Birth, (Street and Number) 5 W Mother x Carey Sts
5. Full Name of Mother, Josephine E. Baker
6. Mother's Maiden Name, Keefe
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, Fred L. Baker
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. City

Name of Medical Attendent, or other person who makes this Return. Mastin Brewer M D

Address, 1106 McCulloh St.

Remarks, 1892000 4440

This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1893. J. C. BULAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 43058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter it shall become the duty of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 8th. 1893.
4. *Place of Birth, (Street and Number)*	Druid Hill Ave
5. *Full Name of Mother,*	Rebecca Smidman
6. *Mother's Maiden Name,*	" Specter
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Louis Smidman
9. *Father's Occupation,*	Clothier.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	H. O. Reik M.D.
Address,	810 Madison Ave
Remarks,	1 8 9 2 0 0 0 4 4 4 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

45059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 8/93

4. Place of Birth, (Street and Number) 501 E. Eager St.

5. Full Name of Mother, Amelia Clara Miller

6. Mother's Maiden Name, " Kunst

7. Mother's Birthplace, Lancaster Pa.

8. Full Name of Father, Edward Miller

9. Father's Occupation, Baker

10. Father's Birthplace, Berlin, Germany

Name of Medical Attendant, or other Person who makes this Return. F. O. Murphy M.D.

Address, 1724 Maryland av.

Remarks, 18920004442

1893

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or parents of such child to be in attendance upon the mother, immediately after it shall become the duty of the person or persons having any such person report its birth to the Commissioner of Health, in the manner and within the period above required, which shall be subject to the penalty of Ten (10) Dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalty of Ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

H5060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan. 8, 1893

4. Place of Birth (Street and Number) 688 Sarah Ann St.

5. Full Name of Mother Victoria Quilla Squirrell

6. Mother's Maiden Name

7. Mother's Birthplace Toronto Ca.

8. Full Name of Father John Quilla

9. Father's Occupation Huckster

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson M.D.

Address 526 St. Paul St.

Remarks

1892000 4443

Fine any physician, accoucheur, midwife, or other person in charge, who shall neglect, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45061.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1893
4. *Place of Birth, (Street and Number)* 1604 Winslow St.
5. *Full Name of Mother,* Wm Katharine Hess
6. *Mother's Maiden Name,* Katharine Markel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm E. Hess
9. *Father's Occupation,* Telegraph Lineman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2645 Frances St.

Remarks, 8920004444

Kindly send the Mother's Certificate

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22. 1901
4. *Place of Birth, (Street and Number)* Pan. 8 E.
5. *Full Name of Mother,* Victoria Abrominski
6. *Mother's Maiden Name,* Lemberk
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Konstanti Abrominski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address,

Remarks, 18920004445

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1-45063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th 1893
4. Place of Birth, (Street and Number) Bethel St. 1629
5. Full Name of Mother, Francis Shmirkoski
6. Mother's Maiden Name, " Kolancavich
7. Mother's Birthplace, Poland
8. Full Name of Father, John Shmirkoski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Henry Krotzka

Address, 800 S Ann St

Remarks, 18920004446

C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 8th 1893
4. *Place of Birth, (Street and Number)*	911 S. Caroline St
5. *Full Name of Mother,*	Mary Forman
6. *Mother's Maiden Name,*	Fahr
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wm Forman
9. *Father's Occupation*	Hexedore
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Prell
Address,	838 S Bond St
Remarks,	

1892000 4447

Wm. J. C. Dulany Co., City Printers and Stationers.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 450 as.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 8th 1893
4. *Place of Birth, (Street and Number)* 704 S. Bond St
5. *Full Name of Mother,* Minnie Meier
6. *Mother's Maiden Name,* Overdeck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles H. Meier
9. *Father's Occupation* Insurance agent
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

1892000 4448

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 43066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th January 1893
4. *Place of Birth, (Street and Number)* 1906 E Baltimore St Baltimore Md
5. *Full Name of Mother,* Frederick A Briers
6. *Mother's Maiden Name,* Frederick Brack
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Patrick Joseph O'Briers
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 27 N Poppleton St

Remarks, 8920004449

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 45067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th January 1893
4. Place of Birth, (Street and Number) 274 Exeter St
5. Full Name of Mother, Rachel Levin Goodman
6. Mother's Maiden Name, [illegible] England
7. Mother's Birthplace, Ida H. Levin
8. Full Name of Father, Tailor
9. Father's Occupation Russia
10. Father's Birthplace, Mrs E. Schuman
Name of Medical Attendant, or other person who makes this Return, 42 Albemarle St
Address,
Remarks, 18920004450

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 9, 1893
4. *Place of Birth, (Street and Number)*	507 W. Franklin
5. *Full Name of Mother,*	Anna E. Schaefer
6. *Mother's Maiden Name,*	" " Worley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Schaefer
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. L. Baddenhausen
Address,	418 S. Paca st.
Remarks,	8920004451

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 45069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	9 Dec. 1893.
4. *Place of Birth, (Street and Number)*	1105 N. Stockton st,
5. *Full Name of Mother,*	Lizzie N. Gay,
6. *Mother's Maiden Name,*	Slattery,
7. *Mother's Birthplace,*	Harford Co. Md,
8. *Full Name of Father,*	Geo. W. Gay,
9. *Father's Occupation,*	Carpenter,
10. *Father's Birthplace,*	Harford Co. Md
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Lanvale
Remarks,	8920004452

RETURN OF A BIRTH. A 45070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th Jan 1898
4. Place of Birth, (Street and Number) 704 s Wolfe st.
5. Full Name of Mother, Barbara Siegel
6. Mother's Maiden Name, Kunsel
7. Mother's Birthplace, Germany
8. Full Name of Father, Alois Siegel
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Jones

Address 1907 E Monument st

Remarks, 18920004453

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under all or any care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) Col'd
3. *Date of Birth*, January 2 1893
4. *Place of Birth*, (*Street and Number*) Garrett Alley
5. *Full Name of Mother*, Emilie Banks
6. *Mother's Maiden Name*, Mankus
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Martin Banks
9. *Father's Occupation*, Steamboat
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Johnson Conche

Address, Garrett Alley 1269 Eutaw

Remarks,

1 8 9 2 0 0 0 4 4 5 4

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained (1) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, (2) the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 45072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Frederick ~~Wahl~~ 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Babe
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Mo January 1893
4. *Place of Birth, (Street and Number)* 1116 E St No 414
5. *Full Name of Mother,* Hanni Wahl
6. *Mother's Maiden Name,* Wiese
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Wahl
9. *Father's Occupation* Work Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Schway Fort Eby No 434

Remarks, 8920004455

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

-45073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 January
4. *Place of Birth, (Street and Number)* Garrett av. 1350
5. *Full Name of Mother,* Lena Steinse
6. *Mother's Maiden Name,* " Fries
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Steinse
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katherine V Rafferty

Address, Beason st. 1421 Locus Point.

Remarks, 18920004456

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, (if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 9th 1893
4. *Place of Birth, (Street and Number)* 1708 Thames St
5. *Full Name of Mother,* Francisca Reis
6. *Mother's Maiden Name,* Lorenz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas. Reis
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, 838 S Bond St

Remarks,

18920004457

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 6th 1912

4. Place of Birth, (Street and Number) 610 N Bond Street

5. Full Name of Mother, Ella J Creamer

6. Mother's Maiden Name, Ella J Riley

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Creamer

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who [illegible] Edward Schuster Md

Address, 819 Aisquith Street

Remarks,

1892000445 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 44637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 26 1892.
4. Place of Birth, (Street and Number)	1117 Battery Av
5. Full Name of Mother,	Barbara Appel.
6. Mother's Maiden Name,	Sues
7. Mother's Birthplace.	Germany
8. Full Name of Father,	John Appel
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	18920004459

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27 1872
4. Place of Birth, (Street and Number) 628 W Lombard St
5. Full Name of Mother, Laura Ward
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J M Lawson M D

Address, 628 W Lombard St.

Remarks,

8 9 2 0 0 0 4 4 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether ~~male or~~ female) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27 1892
4. Place of Birth, (Street and Number) 848½ W. Lombard 1st Floor Back
5. Full Name of Mother, Lilly Gorgas
6. Mother's Maiden Name, " Flannery
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm. Gorgas
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. L. Grant

Address, 555 W. Lombard

Remarks, 8920004461

1893

Wm. J. C. Dulany Co., City Printers and Stationers

Notice.—The physician or midwife in attendance upon the mother, at the birth of a child, shall have the same duly registered under this act within ten days after the birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20 7
4. *Place of Birth, (Street and Number)* Baltimore City 402 Wilson
5. *Full Name of Mother* Mrs Lulu French
6. *Mother's Maiden Name,* Lulu J Billups
7. *Mother's Birthplace,* Mathews County Va
8. *Full Name of Father,* Mr John R French
9. *Father's Occupation,* Clerk Navy Dept
10. *Father's Birthplace,* Washington D C

Name of Medical Attendant, or other Person who makes this Return. Mrs Cross Hospital

Address, 409 South Poppleton

Remarks,

8 9 2 0 0 0 1 4 6 2

(If any child shall have been born alive in the State of Maryland after the passage of this act, the parent or parents, or in default of parents, the householder of the house in which such child was born, or the person having charge of such child, shall cause the birth of such child to be registered, and shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its parents, the date and place of birth, and the name of each child (if any) born before it, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday December 27th 1892
4. Place of Birth, (Street and Number) 2416 Stockton St
5. Full Name of Mother, Eugenie Smith
6. Mother's Maiden Name, Eugenie Dalton
7. Mother's Birthplace, Harford Co Maryland
8. Full Name of Father, Wm Smith
9. Father's Occupation Traction Co Conductor
10. Father's Birthplace, Harford Co Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary D Sweeney

Address, 731 Cumberland St

Remarks,

8 9 2 U 0 0 4 4 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. 1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 1t
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 27 " 92
4. *Place of Birth, (Street and Number)*	100 Dolphin
5. *Full Name of Mother,*	Nannie Dabney
6. *Mother's Maiden Name,*	Nannie Dorsey
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Edward Dabney
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	A K Hagner M D
Address,	1143 Park Ave
Remarks,	

8920004464

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set for h as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its p said schedule shall be delivered, duly signed by the practitioner in shall occur without the attendance of a physician or practitioner third day of each and every month to the office of the Commissione attendance upon the mother, immediately thereafter it shall becom child to report its birth to the Commissioner of Health, in the man any such person or persons who shall hereafter fail to comply w jected to the fine of ten (10) dollars for each offense, to be recovered

RETURN OF A BIRTH. 44643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 5 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 27, 1892
4. *Place of Birth, (Street and Number)*	243 Richmond st
5. *Full Name of Mother,*	Mary Hamill,
6. *Mother's Maiden Name,*	" Mitchell.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father,*	James Hamill.
9. *Father's Occupation,*	Carter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J. Edward Janney M.D.
Address,	837 N. Eutaw st
Remarks,	8920004465

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 44644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te

1. Sex, (state whether male or female) Buba

2. Race or Color, (if not of the white race) Weiße

3. Date of Birth, 27 ten December 1892

4. Place of Birth, (Street and Number) Thames Str N. 141

5. Full Name of Mother, Ida Lorenz

6. Mother's Maiden Name, Siebert

7. Mother's Birthplace, Germanien

8. Full Name of Father, August Lorenz

9. Father's Occupation Wall Mann

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Shirley Jas. Ely N. 434

Remarks,

1 8 9 2 0 0 0 4 4 6 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 27 of Dec 1892
4. *Place of Birth, (Street and Number)*	2260 Townsend St
5. *Full Name of Mother,*	Rosa Wolf
6. *Mother's Maiden Name,*	Rosa Ludwig
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Wolf
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. C. P. Lawn
Address,	No 1059 Hanford Ave
Remarks,	Balto Md.

8920 0844 67

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th December 1892
4. *Place of Birth, (Street and Number)*	926 Bevan Street
5. *Full Name of Mother,*	Annie Amelia Martins
6. *Mother's Maiden Name,*	Annie Amelia Lynch
7. *Mother's Birthplace,*	Baltimore MD.
8. *Full Name of Father,*	Louis W. Martins
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Baltimore MD.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangel
Address,	711 Cross St
Remarks,	8920004468

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	W.
3. Date of Birth,	27 Dec. 1892.
4. Place of Birth, (Street and Number)	1101 Hanover Ave,
5. Full Name of Mother,	[redacted] Effie May Sweeney,
6. Mother's Maiden Name,	Worthan,
7. Mother's Birthplace,	Virginia,
8. Full Name of Father,	Walter Sweeney,
9. Father's Occupation,	Clerk,
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 Fawn St
Remarks,	8920004469

DEC 31 1892

Boards of Health shall prepare a set of blanks for the use of physicians, midwives and others, in accordance with the provisions of this section, and shall furnish the same to such persons as shall apply therefor. Every physician, midwife or other person who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 27 — 1892.
4. *Place of Birth, (Street and Number)*	14 Poltney st
5. *Full Name of Mother,*	Rickie Brucks
6. *Mother's Maiden Name,*	Schultz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Leopold Brucks
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	8920004470

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8d.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 28th,
4. Place of Birth, (Street and Number)	No 632 Portland St,
5. Full Name of Mother,	Catharine Dichmiller
6. Mother's Maiden Name,	Engelhaupt,
7. Mother's Birthplace,	Balto. City,
8. Full Name of Father,	John Dichmiller,
9. Father's Occupation,	Cake-baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Emil Elderdice M.D.
Address,	No. 721 Columbia Ave.
Remarks,	

8920004471

Jan 3 1893

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 28th

4. *Place of Birth, (Street and Number)* 633 Hamburg st.

5. *Full Name of Mother,* Matilda Richter

6. *Mother's Maiden Name,* Matilda Haesloop

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harry Richter

9. *Father's Occupation* Telegrapher

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 800 Leadenhall St

Remarks,

18920004472

Wm. J. C. Dulany Co., City Printers and Stationers.

...name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Dec.
4. Place of Birth, (Street and Number) Alicander St 1629
5. Full Name of Mother Nora Kavaleaki
6. Mother's Maiden Name, Permoski
7. Mother's Birthplace, Poland
8. Full Name of Father, Joe Kavaleski
9. Father's Occupation Laborer
10. [redacted]'s Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 806 Aisd St.

Remarks,

8920004473

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 28, 1892
4. *Place of Birth, (Street and Number)*	918 Harrison Alley
5. *Full Name of Mother,*	Gertrude Bane
6. *Mother's Maiden Name,*	Gertrude Pauline
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Paul Bane
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary L. Swayne
Address,	726 Laguna St.
Remarks,	

8920004474

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 31 1892

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-4-57

RETURN OF A BIRTH. A 44603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Deck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 28th 1892

4. Place of Birth, (Street and Number) No 228 Leadenhall St

5. Full Name of Mother, Augusta Deck,

6. Mother's Maiden Name, Augusta Davis

7. Mother's Birthplace, Virginia

8. Full Name of Father, Louis Deck

9. Father's Occupation, Cooper

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 15-17 Byrd St

Remarks, 8920004475

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 28 - 1892
4. Place of Birth, (Street and Number) 19 W. Barre
5. Full Name of Mother, Annie F. Steadman
6. Mother's Maiden Name, " " Gurley
7. Mother's Birthplace, Va.
8. Full Name of Father, Alexander Steadman
9. Father's Occupation, Clerk
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Theodore Cornelius

Address, 914 N. Charles St.

Remarks,

1892 0004476

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said writing, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-26-55

RETURN OF A BIRTH.

44653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Elizabeth ~~Taylor~~ 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 day of December 1892
4. Place of Birth, (Street and Number) 1307 Hull St Locust Point
5. Full Name of Mother, Isabella Taylor
6. Mother's Maiden Name, Isabella Ray
7. Mother's Birthplace, Northshields Northumberland England
8. Full Name of Father, John Taylor
9. Father's Occupation, Tinmaker
10. Father's Birthplace, Britton Ferry Wales

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 Towson St Locust Point

Remarks,

8920004477

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 3 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th of December 1892.

4. Place of Birth, (Street and Number) No. 505 S. Collington Ave

5. Full Name of Mother, Mary J. Miller.

6. Mother's Maiden Name, Mary J. Frendemejer.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Mathias Miller.

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Taylor.

Address, # 615 S. Patterson Pk. Ave.

Remarks,

8920004478

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-25-14

RETURN OF A BIRTH. A 44637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Goldie May Stonesiffer

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 28th 1892
4. Place of Birth, (Street and Number) 1516 Clifton Street
5. Full Name of Mother, Mary Stonesiffer
6. Mother's Maiden Name, Mary Bricker
7. Mother's Birthplace, ~~Md~~ Maryland
8. Full Name of Father, Jefferson Stonesiffer
9. Father's Occupation, Watchman P C R R
10. Father's Birthplace, ~~Md~~ Maryland

Name of Medical Attendant, or other person who makes this Return C M Dodson M D

Address, 1408 Madison Avenue

Remarks, 8920004479

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, December 28th,
4. Place of Birth, (Street and Number) N 224 S. Fremont St.
5. Full Name of Mother, Sarah Brooks,
6. Mother's Maiden Name, Hemling.
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, William Brooks,
9. Father's Occupation, Tin-roofer,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return, Thomas L. Gardner M.D.

Address, N. 721 Columbia Ave.

Remarks, 1892000 4480

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 29 1892

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 28, 1892

4. Place of Birth, (Street and Number) 628 Eutaw St.

5. Full Name of Mother, Lucy Pearsons

6. Mother's Maiden Name, Lucy Gruters

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Pearsons

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swanson

Address, 726 Eutaw St.

Remarks,

8920004481

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

44660.

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-3-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Name: Theresa Caroline Gotschalk 1 Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 28 1892.
4. Place of Birth, (Street and Number)	1435 Charles st.
5. Full Name of Mother,	Maggie Gotschalk.
6. Mother's Maiden Name,	Bomhoff
7. Mother's Birthplace.	America
8. Full Name of Father,	Jake Gotschalk.
9. Father's Occupation,	Cigar-maker
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	8920004482

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 31 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 28 1892.
4. *Place of Birth, (Street and Number)*	324 Winder st.
5. *Full Name of Mother,*	Tillie Wienhold.
6. *Mother's Maiden Name,*	Tim
7. *Mother's Birthplace.*	Germany.
8. *Full Name of Father,*	August Wienhold
9. *Father's Occupation.*	Store-keeper.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

8920004483

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 28th 1892
4. *Place of Birth, (Street and Number)* 205 So. Broadway
5. *Full Name of Mother,* Lucy R. Rutter
6. *Mother's Maiden Name,* Lucy R. Newton
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles E. Rutter
9. *Father's Occupation,* Lumber Salesman
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins M.D.

Address, 226 So. Broadway

Remarks, 8920004484

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

Osw

RETURN OF A BIRTH. A 44653.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emanuel Elias Jansen

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Dec. 28, 1892.
4. Place of Birth, (Street and Number) 1111 Chesapeake St.
5. Full Name of Mother, Lucy ~~Johnson~~ Jansen
6. Mother's Maiden Name, Lucy V. Dunnehey
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick ~~Johnson~~ Jansen
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Sweeney

Address, 726 Eutaw St.

Remarks, 1 8 9 2 0 0 0 4 4 8 5

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 29th 19[illegible]

4. Place of Birth, (Street and Number) 1114 W. Fayette St.

5. Full Name of Mother, Mamie Colquitt

6. Mother's Maiden Name, Mamie Jackson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Walter Colquitt

9. Father's Occupation, Machinist

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle M.D.

Address, 1703 W. Fayette

Remarks, 8920004486

DEC

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-28-58

RETURN OF A BIRTH. I 44665.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~Ingory~~ Pearl Dorothea First
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Dec. 29, 1892
5. *Place of Birth, (Street and Number)* #3544 Druid Hill Ave.
6. *Full Name of Mother,* Annie M. Moore
7. *Mother's Maiden Name,* Annie M. Miller
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Edward F. Moore
10. *Father's Occupation,* Conductor
11. *Father's Birthplace,* Frederick, Md.

Name of Medical Attendant, or other person who makes this Return, Ignore R. Miller M.D.

Address, 2318 Druid Hill Ave.

Remarks, 1892 0004487

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Dec 29, 1892
4. *Place of Birth, (Street and Number)*	1724 McCulloh St
5. *Full Name of Mother,*	Elizabeth Giles Wheeler
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Elsworth Giles
9. *Father's Occupation.*	Hostler
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Thos. L. Craig
Address,	215 29 No Bond St.
Remarks,	18920004488

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 head

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Died on the 29 Dec. 1892
4. Place of Birth, (Street and Number) No 50 Moore alley, Balto
5. Full Name of Mother, Stella Jolard
6. Mother's Maiden Name, Stella Johnson
7. Mother's Birthplace, Baltio
8. Full Name of Father, James Jolard
9. Father's Occupation, Waiter
10. Father's Birthplace, West India

Name of Medical Attendant, or other person who makes this Return. Mid Wife

Address, 937 Harmony Lane

Remarks, Born the 8 2 20 0 0 4 4 B 9 December

Harriet Hutchinson

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th. In the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	Aug 29 1892.
4.	*Place of Birth, (Street and Number)*	Baltimore Md 807 Parkview St
5.	*Full Name of Mother,*	Katarina Hawkiewicz.
6.	*Mother's Maiden Name,*	Katarina Dobosiel
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Frank Hawkiewicz
9.	*Father's Occupation,*	Tayler
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Krause
	Address,	414 Strieker St Baltimore Md
	Remarks,	Mother and Infant Doing Well

1 8 9 2 0 0 0 4 4 9 0

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 29th 1892.
4. *Place of Birth, (Street and Number)*	109 E. West St.
5. *Full Name of Mother,*	Minnie D. Whetstle.
6. *Mother's Maiden Name,*	" " Kimmel.
7. *Mother's Birthplace,*	Balto. city. Md.
8. *Full Name of Father,*	John B. A. Whetstle.
9. *Father's Occupation,*	Foreman.
10. *Father's Birthplace,*	Balto. city.
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

8 9 2 U 0 0 4 4 9 1

month, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 14670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *~~Race or Color, (if not~~ of the white race)*
3. *Date of Birth,* December 29
4. *Place of Birth, (Street and Number)* 2[illegible]
5. *Full Name of Mother,* Lucy Smith
6. *Mother's Maiden Name,* Lucy Skinner
7. *Mother's Birthplace,* Norway
8. *Full Name of Father,* John Oli-Turn
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Church

Address, 800 Leadenhall St

Remarks,

8 9 2 0 0 0 4 4 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4467.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th of December
4. *Place of Birth, (Street and Number)*	425 Payson St
5. *Full Name of Mother,*	Mathilda Sinzon
6. *Mother's Maiden Name,*	Mathilda Sadovski
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Sinzon
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St
Remarks,	

8920004493

month, And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, of any plural birth, been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29th 1892
4. Place of Birth, (Street and Number) 317 W. Fayette St.
5. Full Name of Mother, Catharine Shaffer
6. Mother's Maiden Name, Thomae
7. Mother's Birthplace, Germany
8. Full Name of Father, John Shaffer
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. W. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

6 9 2 0 0 0 4 4 9 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December the 29
4. *Place of Birth, (Street and Number)*	216 Parrish St.
5. *Full Name of Mother,*	Mary Ramsay
6. *Mother's Maiden Name,*	Mary Connor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Ramsay
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm Thorn
Address,	1310 W Pratt St
Remarks,	

8920004495

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 23 1892

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29 December 1892
4. *Place of Birth, (Street and Number)*	221 E Hamburg St
5. *Full Name of Mother,*	Mary E. Chambers
6. *Mother's Maiden Name,*	Mary E. Lee Clair
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry E. Chambers
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	C. A. Brooks
Address,	1522 Light St
Remarks,	Dana Well

8920004496

Wm. J. C. Dulany Co., City Printers and Stationers.

Above, and such details as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 29th '92
4. *Place of Birth, (Street and Number)*	513 N. Wolfe St
5. *Full Name of Mother,*	Fredricka Lucke
6. *Mother's Maiden Name,*	Apfel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman F. Lucke
9. *Father's Occupation*	Merchant Tailor
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Mrs Louise Trunk
Address,	19 E. Eden St.
Remarks,	

1892 0004497

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. B 44676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 December 1893
4. Place of Birth, (Street and Number) 26 E Hamburg St
5. Full Name of Mother, Berthai Wagman
6. Mother's Maiden Name, Berthai Horn
7. Mother's Birthplace, Germany
8. Full Name of Father, Faban Wagman
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1828 Light St

Remarks, Dr. Mc66

1 8 9 2 0 0 0 4 4 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44677.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 29th 92.

4. Place of Birth, (Street and Number) 1312 W. Franklin St.

5. Full Name of Mother, Nora M. Noel

6. Mother's Maiden Name, Nora M. Hunter

7. Mother's Birthplace, Carroll Co. Md

8. Full Name of Father, James T. Noel

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return Henry C. Ohler

Address, 1703 W. Fayette St

Remarks, 8920004499

Wm J C. Dulany Co., City Printers and Stationers.

A 44678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 29 1892

4. Place of Birth, (Street and Number) 2906 Edmondson Ave.

5. Full Name of Mother, Mary Deaver

6. Mother's Maiden Name, Mary Denton

7. Mother's Birthplace, Balto Co.

8. Full Name of Father, George Deaver

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Mary L Swaine

Address, 726 Lizzie St.

Remarks, 18920004500

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 of December 1892
4. *Place of Birth, (Street and Number)* 2107 E. Fayermaunt Ave
5. *Full Name of Mother,* Laura Sullevan
6. *Mother's Maiden Name,* Laura Tasley
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* William Sullivan
9. *Father's Occupation,* Warehousman
10. *Father's Birthplace,* Howard Co.

Name of Medical Attendant, or other person who makes this Return, Ms Ida Hille M.D.

Address, 207 N. Castle St Baltimore

Remarks,

1892U004501

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3rd, &c.~~) Second (2d)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 30 1892
4. Place of Birth, (Street and Number) No 2004 Jefferson St
5. Full Name of Mother, Mrs. Agusta Franz
6. Mother's Maiden Name, Miss Agusta Frank
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Louis Franz
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, W H L Cleudinen M D

Address, 201 N Broadway

Remarks,

1892000 4502

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 30th-92

4. Place of Birth, (Street and Number) Fort Avenue No 32.

5. Full Name of Mother, Ada Lange

6. Mother's Maiden Name, Ada Parker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry D. Lange

9. Father's Occupation Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. C. Dilavis M.D.

Address, 1325 S. Charles St. Cor Beverly St.

Remarks, 8920004503

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30
4. *Place of Birth, (Street and Number)*	1055 W Fayette St
5. *Full Name of Mother,*	Gertrude Foster Robertson
6. *Mother's Maiden Name,*	Gertrude Foster
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Wm A Robertson
9. *Father's Occupation,*	Draughtsman
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return,	Robt K Kneas
Address,	220 N Gilmore St
Remarks,	

8920004504

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable under his or her care during the

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A 44683.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 30-92
4. Place of Birth, (Street and Number) 289 Mount St
5. Full Name of Mother, Mrs Ida Bonner Southard
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Emanuel Southard
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Cullinsky M.D.

Address, Lemmon Pyrmont

Remarks, 1892 0004505

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. 1893

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Dec. 30 - 1892
5. Place of Birth, (Street and Number) 1909 No Central Ave.
6. Full Name of Mother, Mary Poler
7. Mother's Maiden Name, " Clark
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Edward Poler
10. Father's Occupation, Mechanic
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return. Thos. E. Craig
13. Address, #2109 No Bond St.
14. Remarks,

1892000045 06

month, and shall set forth as far as the same can be ascertained the full name of each child born alive after the passage of this ordinance, the sex and color of each child, the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 31st 1892
4. Place of Birth, (Street and Number) 1173 Nanticoke St.
5. Full Name of Mother, Florence Virginia Schlemmer
6. Mother's Maiden Name, Elliott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Schlemmer
9. Father's Occupation, Currier & Tanner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H.W. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with Forceps.

1892000 4507

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44686.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 31st 1892
4. Place of Birth, (Street and Number)	#1005 N. Calhoun St
5. Full Name of Mother,	Fannie Elizabeth Lathroum
6. Mother's Maiden Name,	Schiblein
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	Peter Remegius Lathroum
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Charles County Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary J Sweeney
Address,	731 Cumberland St
Remarks,	

1893

8 9 2 0 0 0 4 5 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, ~~3d~~ &c.) .....

1. *Sex,* (*state whether* ~~male~~ or *female*) .....
2. *Race or Color,* (*if not of the white race*) .....
3. *Date of Birth,* 31 December 1892
4. *Place of Birth,* (*Street and Number*) Guilford Ave 704
5. *Full Name of Mother,* Elisabeth Hiefer
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Theobald Hiefer
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Academy Hall St

Remarks, 8 9 2 0 0 0 0 4 5 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 44688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	December 31, 1892.
4. Place of Birth, (Street and Number)	63 Brick Hill Mt. Vernon.
5. Full Name of Mother,	Sarah Catherine Mathias.
6. Mother's Maiden Name,	Shaffer.
7. Mother's Birthplace,	Pa.
8. Full Name of Father,	John C. Mathias.
9. Father's Occupation	Mill operative.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Gilchrist M.D.
Address,	791 Chestnut ave.
Remarks,	

8920004510

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B 14689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 31st 1892
4. *Place of Birth, (Street and Number)* 1010 Park ave
5. *Full Name of Mother,* Annie Thomas
6. *Mother's Maiden Name,* Centreville Md.
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park ave.

Remarks, 8920004511

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A 44690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec. 31st. 97

4. *Place of Birth, (Street and Number)* 1005 S. Howard st.

5. *Full Name of Mother,* Carrie Smith.

6. *Mother's Maiden Name,* Md.

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M.D.

Address, 622 N. Lombard st.

Remarks,

8 9 2 0 0 0 4 5 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1st 92.

4. Place of Birth, (Street and Number) 228 S. Chapel str.

5. Full Name of Mother, Louise Büdel Fuchs

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred. Büdel

9. Father's Occupation Laylor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 1916 Eastern Ave

Remarks, 8920004513

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-27-58

RETURN OF A BIRTH. 44697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Henry Freese

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1892
4. Place of Birth, (Street and Number) 1909 Fayette St.
5. Full Name of Mother, Mary Freese
6. Mother's Maiden Name, Gaby East.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Henry Freese
9. Father's Occupation Basket maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. A. Butt

Address, 1245 E. Monument St. or Central Ave

Remarks, All Well

8920004514

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 1st 92
4. Place of Birth, (Street and Number)	1436 Holbrook
5. Full Name of Mother,	Sarah E. Lusby
6. Mother's Maiden Name,	" " Norwood
7. Mother's Birthplace,	Md
8. Full Name of Father,	Stephen J. Lusby
9. Father's Occupation	Bricklayer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	8920004515

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A-44694.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 6-15-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret C. Spangenberger

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec 11th 1892
4.	*Place of Birth, (Street and Number)*	Ball No 2230 Orleans St
5.	*Full Name of Mother,*	Mrs. Minnie ~~Spangenberger~~ Spangenberger
6.	*Mother's Maiden Name,*	Mrs. Minnie Ulrich
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Mr. George ~~Spangenberger~~ Spangenberger
9.	*Father's Occupation,*	Driver for the Ball Transfer Co.
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Mrs. Bridget Kruger
	Address,	No 2026 E. Fayette St. B. M.
	Remarks,	8920004516

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physicinn of practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. SULLANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 44695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 da

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Dec 1st 92
4. Place of Birth, (Street and Number) 2006 Barclay St.
5. Full Name of Mother, Sarah E Hyde
6. Mother's Maiden Name, Sarah McGhee
7. Mother's Birthplace, Yeb Co Pa
8. Full Name of Father, Edward J Hyde
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Cecil Co Stewart Phys

Address, 120 W 23rd St.

Remarks,

8920004517

as far as the same can be ascertained by inquiry of the parents, or either of them. If any of the above items cannot be given, the reason therefor must be stated. The name and residence of the physician, midwife or other person by whom the child was delivered, shall be given in the form of a certificate, to be signed by the physician, midwife or other person, and delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health. In case the birth occurs without the attendance of a physician or midwife, or should no other person be in charge of the mother, the mother herself shall within the period above required, and every month to the office of the Commissioner of Health, in the manner and within the period above required, make return of such birth to the Commissioner of Health, immediately thereafter. It shall become the duty of the person or persons required to make return of its birth to the Commissioner of Health, in the manner and within the period above required, to comply with the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44696.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 1892
4. Place of Birth, (Street and Number) St Vincents Inf Asylum
5. Full Name of Mother, Jennie Burke
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ireland
8. Full Name of Father, not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, J. A. Kenn M. D.

Address, 1520 Druid Hill Ave

Remarks, 8920004518

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 December
4. *Place of Birth, (Street and Number)* 1013 Wolf St.
5. *Full Name of Mother,* Lilie Thuring
6. *Mother's Maiden Name,* Thannish
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Joseph Thuring
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germania

Name of Medical Attendant; or other person who makes this Return, Anna M. Walter

Address, 928 N. Central Ave.

Remarks,

1 8 9 2 0 0 0 4 5 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-57

CERTIFICATE CORRECTED

RETURN OF A BIRTH. 44698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marie Victorine Schamberger 1st

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 4th 92

4. Place of Birth, (Street and Number) 1208 Argyle Ave

5. Full Name of Mother, Marie V. Schamberger Schamberger

6. Mother's Maiden Name, Marie V. Cahn

7. Mother's Birthplace, Balto

8. Full Name of Father, John G. Schamberger

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. H Miller MD

Address, 222 N. Monument St.

Remarks, 8920004520

JAN 18

month, and shall set forth as far as the same can be ascertained the information required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each month, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of midwifery, of the person or parents, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

44699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1 12. 92.
4. Place of Birth, (Street and Number) 2026 E. Lombard Str.
5. Full Name of Mother, Annie Volks
6. Mother's Maiden Name, " Mueller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Volks
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Devenhofer

Address, 1806 Eastern Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8920004521

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 5th. 92.
4. *Place of Birth, (Street and Number)* 411 S. Collington Ave.
5. *Full Name of Mother,* Margarethe Knienter
6. *Mother's Maiden Name,* " Günther
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Albert Knienter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Weisenhofer

Address, 1816 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 4 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

FILM

RETURN OF A BIRTH. A 44701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 5 92
4. *Place of Birth, (Street and Number)*	1713 McElderry St
5. *Full Name of Mother,*	J. Meyer
6. *Mother's Maiden Name,*	J. Wolfe.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Abraham Meyer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	736 E. Preston St.
Remarks,	8920004523

Wm. J. C. Dulany Co., City Printers and Stationers.

on of its parents, the date and place of birth; and the
itioner in the form of a certificate between the first and
commissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
may become the duty of the person or parents of such
the manner and within the period above required, and
ply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* Dec 5-92
4. *Place of Birth, (Street and Number)* 1717 Carlisle Place
5. *Full Name of Mother,* Mary E. Hartnedy
6. *Mother's Maiden Name,* " " Lloyd
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Cornelius A. Hartnedy
9. *Father's Occupation* Saleswan
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwood

Address, 912 McDonogh St

Remarks, 1892 0004524

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 3rd. 92.
4. Place of Birth, (Street and Number) 246 E. Castle Str.
5. Full Name of Mother, Regina Rosella Sinner
6. Mother's Maiden Name, " Balto.
7. Mother's Birthplace, Geo. Rosella
8. Full Name of Father, Laborer
9. Father's Occupation Balto.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs. Diedenhofer

Address, 1806 Eastern Ave

Remarks, 8920004525

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 6th 92.
4. *Place of Birth, (Street and Number)* 722 N. Gay str.
5. *Full Name of Mother,* Anie K. Trockenbradt
6. *Mother's Maiden Name,* " " Balto
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Trockenbradt
9. *Father's Occupation* Jeweler
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Thos. Dorsenhofer

Address, 1806 Eastern Ave.

Remarks, 8920004526

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the previsions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4705.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 6-92
4. *Place of Birth, (Street and Number)*	914 N. Washington
5. *Full Name of Mother,*	Sarah E. Harris
6. *Mother's Maiden Name,*	" " Peulz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Colin M. Harris
9. *Father's Occupation*	Ship Joiner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	92 McDonogh St
Remarks,	

8920004527

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RETURN OF A BIRTH A 4706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec 6th 1892
4.	*Place of Birth, (Street and Number)*	2226 Pennsylvania Ave
5.	*Full Name of Mother,*	Louisa Crowell
6.	*Mother's Maiden Name,*	Johnson
7.	*Mother's Birthplace,*	Massachusetts
8.	*Full Name of Father,*	Freeman Crowell
9.	*Father's Occupation,*	Shoemaker
10.	*Father's Birthplace,*	Massachusetts
	Name of Medical Attendant, or other person who makes this Return,	Chas E Andtler
	Address,	2100 Druid Hill Ave
	Remarks,	

8920004528

1893

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 6th 1892
4. *Place of Birth, (Street and Number)* 1415 N. Canal St
5. *Full Name of Mother,* Mary E. Wirz
6. *Mother's Maiden Name,* Hochadel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Wirz
9. *Father's Occupation,* Clothing Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Soldner M. D.

Address, 1201 E. Eager St

Remarks, 8920004529

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

44708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 6 1892
4. Place of Birth, (Street and Number)	212 N Mount
5. Full Name of Mother,	Mary Jane Burnham
6. Mother's Maiden Name,	Mary Jane Gillon
7. Mother's Birthplace,	Atlantic Ocean
8. Full Name of Father,	Walter Elsworth Burnham
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto. County
Name of Medical Attendant, or other person who makes this Return.	L. W. Slater M.D.
Address,	1603½ Pagetter St.
Remarks,	1892

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said science shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be sub- any such person who shall hereafter fail to comply with the provisions of this section shall be recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 44709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 December
4. Place of Birth, (Street and Number) 1212 Eagan st.
5. Full Name of Mother, Catherine Gravino Thulsea
6. Mother's Maiden Name, Kalb
7. Mother's Birthplace, Italy
8. Full Name of Father, Adam Gravino
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Ave

Remarks, 18920004531

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4410.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 7th. 92.
4. *Place of Birth, (Street and Number)* S. Registers str. 718
5. *Full Name of Mother,* Rosa Weitzel
6. *Mother's Maiden Name,* Schaeffein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Weitzel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1516 Eastern Ave.

Remarks, 8920004532

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 7th 1892
4. *Place of Birth, (Street and Number)*	508 North Ave St
5. *Full Name of Mother,*	Lizzie Kuehl
6. *Mother's Maiden Name,*	Lizzie Trenkle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Otto Kuehl
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	H. C. Butt
Address,	1215 E. Monument St. cor Central Ave.
Remarks,	All Well

8920004533

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 447/17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Sixth

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, December 4th 1892
4. *Place of Birth*, (*Street and Number*) 1931 Fairmount Ave.
5. *Full Name of Mother*, Susannah Michel
6. *Mother's Maiden Name*, Fiehe
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, John A. Michel
9. *Father's Occupation*, Farmer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, S. A. Selander M. D.

Address, 100 S. Eager St

Remarks, 1892000 4534

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 8th 1892

4. Place of Birth, (Street and Number) 923 N Eden St

5. Full Name of Mother, Annie A Helmig

6. Mother's Maiden Name, Magnot

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Henry C Helmig

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Schulz M.D.

Address, 1041 E Eager St

Remarks, 18920004535

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 8th 1892
4. *Place of Birth, (Street and Number)* 505 Patterson Park Ave.
5. *Full Name of Mother,* Mary Buss
6. *Mother's Maiden Name,* Mary Brassted
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Buss
9. *Father's Occupation* Wood-worker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Bull.

Address, 1258 S. Monument St. cor. Central Ave.

Remarks, All Well

1892000453 6

Wm. J. C. Dulany Co., City Printers and Stationers.

the ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-18-56

RETURN OF A BIRTH

A 44715.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Viola Caroline Shortt 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th 1892
4. *Place of Birth, (Street and Number)* 613 Barclay St
5. *Full Name of Mother,* Sarah E. Shortt
6. *Mother's Maiden Name,* Sarah E. Baltimore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~Short~~ Shortt
9. *Father's Occupation,* Flagman on R.R.
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Dr. Mina Wamsley

Address, [illegible]

Remarks,

8920004537

been conferred its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8 - 92
4. *Place of Birth, (Street and Number)*	504 N Collington Ave
5. *Full Name of Mother,*	Mary A Heinzelt
6. *Mother's Maiden Name,*	" " Baker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm H. Heinzelt
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Aldwell
Address,	912 McDonogh St
Remarks,	18920004538

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 10th
4. Place of Birth, (Street and Number)	106 E. Fort ave
5. Full Name of Mother,	Louisa Gross
6. Mother's Maiden Name,	" Thomas
7. Mother's Birthplace,	City
8. Full Name of Father,	John J. Gross
9. Father's Occupation,	Door Keeper
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return,	L C Bunch M D
Address,	671 Hanover
Remarks,	8920004539

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 18 - 92
4. *Place of Birth, (Street and Number)*	1916 E Eager
5. *Full Name of Mother,*	Barbara C Tudor
6. *Mother's Maiden Name,*	C Schreifer
7. *Mother's Birthplace,*	" Balto
8. *Full Name of Father,*	Edward L Tudor
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Aldwell
Address,	912 McDonogh Dr
Remarks,	1892000454O

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 24971a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 December 1907 Anthony St
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mazie Rospul
6. *Mother's Maiden Name,* = Hubler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Rospul
9. *Father's Occupation* =
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Ave.

Remarks,

8920004541

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 11th 1894
4. Place of Birth, (Street and Number) 841 N Front St
5. Full Name of Mother, Annie A Gardner
6. Mother's Maiden Name, Hook
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm E. Gardner
9. Father's Occupation, Brakeman R R,
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Jas J Bell MD

Address, 317 N Eutaw St

Remarks, Balto Md

8 9 2 0 0 0 4 1 5 4 2

Murphy & Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14471.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11th 1892
4. *Place of Birth, (Street and Number)* 1638 N. Carolina St
5. *Full Name of Mother,* Elizabeth Bost
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Theodor L. Bost
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Sieldner M.D.

Address, 1501 N. Eager St

Remarks, 1 8 9 2 0 0 0 4 5 4 3

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-5-56

RETURN OF A BIRTH.

A 44737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Adelynda Pauline Bertrand

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.):

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 12th 92.
4. Place of Birth, (Street and Number) 1901 Gough str.
5. Full Name of Mother, Louise Bertrand
6. Mother's Maiden Name, " Liebel
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Bertrands
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave

Remarks, 8920004544

Health. This schedule shall contain a list of the births which have occurred since the last return, and in every case in which a birth shall have occurred, the full name of each child, (if any shall have been given,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the ascertained the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the first and been conferred, its sex, color, the full name and occupation of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A4473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	11
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 12th 92.
4. *Place of Birth, (Street and Number)*	415 S. Collington Ave.
5. *Full Name of Mother,*	Shana M. Denkers
6. *Mother's Maiden Name*	" Michael
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John H. Denkers
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Denkers
Address,	1806 Eastern Ave.
Remarks,	8920004545

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 74724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 12th 92.
4. Place of Birth, (Street and Number) 2323 Eastern Ave.
5. Full Name of Mother, Mary Fleckenstein
6. Mother's Maiden Name, " Dimling
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Fleckenstein
9. Father's Occupation Cannacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Bank Ave.

Remarks, 8920004546

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or persons required, and hereinafter mentioned to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offeuce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4475.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 12th Dec. 1892

4. *Place of Birth, (Street and Number)* 1217 Canton St.

5. *Full Name of Mother,* Elezibeth Elezibeth Froehlich

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Ernst Herz

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leesman

Address, 1225 Hart street.

Remarks, 1892U004547

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-1-57

RETURN OF A BIRTH. 44726.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Augusta O. Shaw 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12, 1892
4. Place of Birth, (Street and Number) 644 W Lee St
5. Full Name of Mother, Magaline Shaw
6. Mother's Maiden Name, Klages
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo H. Shaw
9. Father's Occupation, Glass Worker-Molder
10. Father's Birthplace, Boston-Mass

Name of Medical Attendant, or other person who makes this Return, Jos Burch Md

Address, 511 Hanover St

Remarks, 1892000454 8

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...pation of the parents, the date and place of birth, and the ...been conferred; his sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practition... third day of each and every month to the office of the Commi... shall occur without the attendance of a physician or practitio... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child ... practitioner in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. A 44977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 3 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Dec 12 — 1892
4. Place of Birth, (Street and Number)	1620 No. Eutaw St
5. Full Name of Mother,	Martha Taylor
6. Mother's Maiden Name,	Johnson
7. Mother's Birthplace,	North Caroline
8. Full Name of Father,	Wm Taylor
9. Father's Occupation	Laborer
10. Father's Birthplace,	Washington D C
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	8920004549

Every birth occurring in this city shall be reported as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 14978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 Dec
4. *Place of Birth, (Street and Number)* 1637 E Fayette St
5. *Full Name of Mother,* Annie Maisel
6. *Mother's Maiden Name,* Lilz
7. *Mother's Birthplace,* Newark N.J.
8. *Full Name of Father,* Frank Maisel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Ullrich

Address, 1302 E Lexington St

Remarks,

1892000 4550

Wm. J. C. Dulany Co. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

44729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-a
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 13-
4. *Place of Birth, (Street and Number)*	820 Sharp St
5. *Full Name of Mother,*	Annie E. Engel
6. *Mother's Maiden Name,*	" Finlay
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Chas. E. Engel
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	J. C. Dunch MD
Address,	511 Hanover St
Remarks,	8920004551

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-30-54

RETURN OF A BIRTH. 44930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Estelle Gore 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13 '92
4. Place of Birth, (Street and Number) 2006 Division St
5. Full Name of Mother, Mrs. Isabella M Gore
6. Mother's Maiden Name, " " Lee
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Clarence V Gore
9. Father's Occupation, Collector
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fayette St

Remarks, 1892 0004552

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 18th 92.
4. Place of Birth, (Street and Number) 177 Canton ave.
5. Full Name of Mother, Mary Th. Mehrbach
6. Mother's Maiden Name, " Link
7. Mother's Birthplace, Balto.
8. Full Name of Father, Gustav J. Mehrbach
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bernhofer

Address, 1816 Eastern Ave.

Remarks, 8920004553

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, if any, and the number of its parents, the date and place of birth; and the full name and occupation of the parents, and the number of children born to the mother, and the number of children of the mother living, which shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 14 — 1892
4. Place of Birth, (Street and Number)	1436 Block St.
5. Full Name of Mother,	Rosanna Robinson
6. Mother's Maiden Name,	Stokes
7. Mother's Birthplace,	Virginie
8. Full Name of Father,	Geo Wash. Robinson
9. Father's Occupation	Laborer
10. Father's Birthplace,	Virginie
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	18920004554

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 14th 92.
4. Place of Birth, (Street and Number) 1514 Alice Ann str.
5. Full Name of Mother, Louisa Schmierbach
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Germany
8. Full Name of Father, John F. Schmierbach
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reisenhofer

Address, 1776 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 4 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14 December
4. *Place of Birth, (Street and Number)*	1013 Bida st.
5. *Full Name of Mother,*	Lizzie Shea
6. *Mother's Maiden Name,*	Adams County Pa.
7. *Mother's Birthplace,*	Lizzie Conway C
8. *Full Name of Father,*	Joseph Shea
9. *Father's Occupation*	Thaxford County Md
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Anna Walker
Address,	728 V. Cent Ave.
Remarks,	

1892 0004556

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4432.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 December, 1892

4. Place of Birth, (Street and Number) 1040 Hanover St

5. Full Name of Mother, Elisabeth Leifert

6. Mother's Maiden Name, Fischer

7. Mother's Birthplace, Germanie

8. Full Name of Father, Henrie Fisher Leifert

9. Father's Occupation —

10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W. Conk. Ave

Remarks, 1892000 4557

1892

ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 44736.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 14. 1892
4. *Place of Birth, (Street and Number)*	1634 Hillsmont St
5. *Full Name of Mother,*	Hellina Lieber
6. *Mother's Maiden Name,*	Hellina Biena
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Lieber
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	W. A Burt
Address,	1245 E Fayette St cor Central Ave.
Remarks,	All Well.

1892 0004558

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L 14438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 14th 1893.

4. *Place of Birth, (Street and Number)* #9 N. Gilmore st.

5. *Full Name of Mother,* Minnie Kohlhaas.

6. *Mother's Maiden Name,* " " Weigle.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Jno F. Kohlhaas

9. *Father's Occupation* Barkeeper.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, 1106 S. Monroe st.

Remarks,

8920004559

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

X

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 15th. 92.
4. Place of Birth, (Street and Number) 704 S. Dallas ste.
5. Full Name of Mother, Barbara Schmierman
6. Mother's Maiden Name, " Dresch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Schmierman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Beisenhofer

Address, 1806 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 4 5 6 0

been conferred) its sex, color, the full name and occupation of its parents, the first and
in the form of a certificate between the first and
sioner of Health. In case the birth of any child
r of midwifery, or should no other person of such
duty of the person (or parents of such
the duty within the period above required, and
manner and within the provisions of this section shall be sub-
with the provisions of this section shall be sub-
erect as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 15 1892

4. Place of Birth, (Street and Number) 324 S. Broadway

5. Full Name of Mother, Carrie Tuerke

6. Mother's Maiden Name, Apel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adolph Tuerke

9. Father's Occupation Trunk Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who make this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, 8 9 2 0 0 0 4 5 6 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 15 1892
4. *Place of Birth, (Street and Number)* 821 Hickory Langdon Baltimore
5. *Full Name of Mother,* Jorge Ann Lissing
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Mount Washington Baltimore Co
8. *Full Name of Father,* Charles Warfield Lissing
9. *Father's Occupation,* Pattern Maker
10. *Father's Birthplace,* Woodberry Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Martha Lissing

Address, 545 Hickory Ave

Remarks, 8920004562

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-44747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15th 1892
4. Place of Birth, (Street and Number) 1701 E. North Ave
5. Full Name of Mother, Emma Miller
6. Mother's Maiden Name, Fiscal
7. Mother's Birthplace, Fairhaven Md.
8. Full Name of Father, Augustus Miller
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. H. Holden M. D.

Address, 1500 E. Eager St.

Remarks,

1892 0004563

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-19-56

RETURN OF A BIRTH. A 14743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Marie ~~Schaapke~~ Schaapke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 15th 92.
4. *Place of Birth, (Street and Number)* 312. S. Castle ste
5. *Full Name of Mother,* Sophie Schaacke
6. *Mother's Maiden Name,* " Hildwein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Schaacke
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 8920004564

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44744.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, December 15th 1892

4. *Place of Birth*, (*Street and Number*) 1707 N. Broadway

5. *Full Name of Mother*, Cora Hays Miller

6. *Mother's Maiden Name*, Lichnowski

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, George L. Miller

9. *Father's Occupation*, Foreman Shirt Factory

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Selden M.D.

Address, 520 N. Bond St

Remarks, 1892 0004565

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 14745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child - Adelaide ~~Elizabeth~~ Ording

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 16th 1895
4. Place of Birth, (Street and Number) 1427 N. Biddle St
5. Full Name of Mother, Rosa A. Ording
6. Mother's Maiden Name, Trautwein
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrick A. Ording
9. Father's Occupation, Diamond setter
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. S. W. Sheldon M.D.

Address, 1501 E Eager St

Remarks, 18920004566

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 December
4. *Place of Birth, (Street and Number)* 101 S. Dallas St
5. *Full Name of Mother,* Mary Hinkleman
6. *Mother's Maiden Name,* Trenk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Hinkleman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Illig

Address, 802 E Lexington St

Remarks,

8920004567

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RETURN OF A BIRTH. 4747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 16th 92.
4. *Place of Birth, (Street and Number)*	2132 Jefferson str.
5. *Full Name of Mother,*	Irene Vollmer
6. *Mother's Maiden Name,*	Barham
7. *Mother's Birthplace,*	Nash County. (North Carolina)
8. *Full Name of Father,*	Robert Vollmer
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Beisenhofer
Address,	1906 Eastern Ave.
Remarks,	1892 0004568

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Any practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practi
of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
in or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it
ealth, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail
ject to the fine of ten (10) dollars for each offence, to be
ce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 11 1892

4. Place of Birth, (Street and Number) Baltimore City 1642 Bullitt

5. Full Name of Mother, Kate Cavan

6. Mother's Maiden Name, Kate Waylan

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Patrick Cavan

9. Father's Occupation Labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M. Stuffer

Address, 722 Hanburg St

Remarks, 1892 0004569

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 3 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 16 1892
4. *Place of Birth, (Street and Number)*	#318 N. Fremont St.
5. *Full Name of Mother,*	Ella R. Heckel
6. *Mother's Maiden Name,*	" " Armbrust
7. *Mother's Birthplace,*	Carroll Co.
8. *Full Name of Father,*	Allen F. Heckel
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	Dennis Sindney
Address,	#106 S. Monroe St.
Remarks,	18920004570

...ulany Co., City Printers and Stationers.

...the full name and occupation of its parents, the date and place of birth; and the ...ed, duly signed by the practitioner in the form of a certificate between the first and ...ry month to the office of the Commissioner of Health. In case the birth of any child ...ttendance of a physician or practitioner of midwifery, or practicer of midwifery, or parents of such ...other, immediately thereafter it shall become the duty of the person or practicer of midwifery, or parents of such ...th to the Commissioner of Health, in the manner and within the period above required, and ...persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...r ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44950.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16 - 92
4. *Place of Birth, (Street and Number)* 957 N Chester
5. *Full Name of Mother,* Florence E. Gross
6. *Mother's Maiden Name,* " " Palmer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. N. Gross
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 McDonough Dr

Remarks, 1892 0004571

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month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 17th 92.
4. *Place of Birth, (Street and Number)* 117 N Register Str.
5. *Full Name of Mother,* Mary Buchman
6. *Mother's Maiden Name,* Pienzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August Buchman
9. *Father's Occupation* Riggarmacker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Dippenhoffer

Address, 1816 Eastern Ave.

Remarks, 1892 0004572

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 447 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 17-1892
4. Place of Birth, (Street and Number)	1612 N Regester
5. Full Name of Mother,	Jennie V Laughlin
6. Mother's Maiden Name,	" Bowders
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm H Laughlin
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allard
Address,	912 McDonogh Dr
Remarks,	1892 0004573

the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Co shall occur without the attendance of a physician or practi attendance upon the mother, immediately thereafter it sha child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to comp jected to the fine of ten (10) dollars for each offence, to be re

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GIVEN NAME ADDED 7-15-57

RETURN OF A BIRTH A 44752½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 25 1893

Charles Louis Metzler 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th Dec 1892

4. Place of Birth, (Street and Number) 1211 Riverside Ave

5. Full Name of Mother, Henriette Metzler

6. Mother's Maiden Name, Feuerstein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Metzler

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerwell

Address, 436 E Fort Ave

Remarks, 8920004574

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Dec 17 — 1892
5. *Place of Birth, (Street and Number)* 1006 Eastern Ave.
6. *Full Name of Mother,* Elisabeth Frank
7. *Mother's Maiden Name,* Maly
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Gustab Frank
10. *Father's Occupation* Barber
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks, 6920004575

Rule concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 4954.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* X
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 17. 92
4. *Place of Birth, (Street and Number)* 827 N Arlington Ave
5. *Full Name of Mother,* Clara L Griffith
6. *Mother's Maiden Name,* " " Mehle
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Charles C. Griffith
9. *Father's Occupation,* Minister
10. *Father's Birthplace,* W Va

Name of Medical Attendant, or other person who makes this Return, J. M. Huntley

Address, 1002 Edmondson Ave

Remarks,

8 9 2 0 0 0 4 5 7 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Boy

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* 17 December
4. *Place of Birth, (Street and Number)* 1432 Carl Ave.
5. *Full Name of Mother,* Callie Eagerson
6. *Mother's Maiden Name,* = Kennard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Eagerson
9. *Father's Occupation* Laylor
10. *Father's Birthplace,* Penn.

Name of Medical Attendant, or other person who makes this Return, Anna Walker,

Address, 928 N. Carl Ave

Remarks, 8920004577

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
-become the duty of the person or parents of such
r manner and within the period above required, and
with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 24756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 18 — 1892
4. *Place of Birth, (Street and Number)* 425 E. Central Av.
5. *Full Name of Mother,* Ester Meyers
6. *Mother's Maiden Name,* Watts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Meyers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 6 7 2 0 0 0 4 5 7 8

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 40757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 18. 1892
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother,* Annie Crabbe
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not known
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. A. Keane M. D.

Address, 1520 Druid Hill Ave

Remarks, 1892000457 9

Wm. J. C. Dulany Co., City Printers and Stationers.

NAME CHANGED BY COURT ORDER 1-30-52

1-4458.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 1-30-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Norma V. Fletcher

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2-d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 18-1892
4. *Place of Birth, (Street and Number)*	872 N Baltimore St
5. *Full Name of Mother,*	Ella Sloop
6. *Mother's Maiden Name,*	" Fletcher
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Francis L. Sloop
9. *Father's Occupation,*	Jeweller
10. *Father's Birthplace,*	Michigan
Name of Medical Attendant, or other person who makes this Return,	L. C. Bunch M.D.
Address,	
Remarks,	18920004580

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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and occupation of its parents, the date and place of birth; and the
d by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
ysician or practioner of midwifery, or should no other person be in
thereafter it shall become the duty, of the person or parents of such
of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Hea
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH.

44759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 December
4. *Place of Birth, (Street and Number)* 1218. Hare Street
5. *Full Name of Mother,* Julia Schibliska
6. *Mother's Maiden Name,* — Wersinska.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Schibliski.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Miss P. Leirstmann

Address, 1225 Harestreet.

Remarks,

8 9 2 0 0 0 4 5 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 19-92
4. *Place of Birth, (Street and Number)*	602 N Wolfe
5. *Full Name of Mother,*	Mary L Burk
6. *Mother's Maiden Name,*	" " Meller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John F Burk
9. *Father's Occupation*	Police
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm Mary A. Allwell
Address,	912 McDonogh Dr
Remarks,	

1892000 4582

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 11

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 19th 92.
4. *Place of Birth, (Street and Number)* 517 S. Collington Ave.
5. *Full Name of Mother,* Matilda Horn
6. *Mother's Maiden Name,* Wall
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fredc. Horn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Reisenhofer

Address, 816 Eastern Ave.

Remarks, 8920004583

month, and shall set forth as far as the same can be ascertained, the full name of each child, if [illegible] been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to com-

Wm. J. C. Dulany Co., City Printers and Stationers.

A 44762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12-19-92
4. Place of Birth, (Street and Number) 2333 D.L. Ave
5. Full Name of Mother, L Bell.
6. Mother's Maiden Name, L Figgs.
7. Mother's Birthplace, Maryland
8. Full Name of Father, W.H. Bell
9. Father's Occupation, Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, L.F. Figgs.

Address, 2414 D.L. Ave

Remarks, 16th Pct.

1 0 9 2 0 0 0 4 5 8 4

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

44763.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 23 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 19 — 1892

4. Place of Birth, (Street and Number) 1907 Forster Av.

5. Full Name of Mother, Paulina Vogler

6. Mother's Maiden Name, Klein

7. Mother's Birthplace, Germany

8. Full Name of Father, John G. Vogler

9. Father's Occupation Musician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1892000 4585

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED - 7/10/73

RETURN OF A BIRTH.

1 447 64.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET ~~VIRGINIA~~ HERTRICH

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Dec 19 1892
5. *Place of Birth, (Street and Number)* 1737 Bank St.
6. *Full Name of Mother,* Kate Hertrich
7. *Mother's Maiden Name,* Buetner
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Adam Hertrich
10. *Father's Occupation* Wharfbuilder
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E Pratt St.

Remarks, 1 8 9 2 0 0 0 4 5 0 5 Filed: 1892

U 3 E 38

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 1-10-55

RETURN OF A BIRTH. A 44765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thomas Michael Norton 5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 19 — 1892
4. Place of Birth, (Street and Number)	918 Hamond Alley
5. Full Name of Mother,	Margreth Norton
6. Mother's Maiden Name,	Schuessler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michel Norton
9. Father's Occupation	Can - Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who signs this Return,	Mary Stein
Address,	427 E. Pratt St.
Remarks,	1892000045687

Every person having charge of a child (or the parents, guardian or other person having charge of the child, if the person having charge of the child resides elsewhere than where the child was born) born in the City of Baltimore after the first day of January, 1875, shall, within ten days after the birth of such child, report to the Commissioner of Health the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 3 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 20th 92.

4. *Place of Birth, (Street and Number)* #16 Brune Lane.

5. *Full Name of Mother,* Johanna Rehmann.

6. *Mother's Maiden Name,* " " Renner.

7. *Mother's Birthplace,* Hanover.

8. *Full Name of Father,* Bernhard Rehmann.

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other person who makes this Return, Louis Kirchner

Address, #106 Pioneer st

Remarks, 1892 0004588

mouth, and shall set forth as far as the same can be ascertained by inquiry of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

44767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 20 — 1892

4. Place of Birth, (Street and Number) 1303 Gough St.

5. Full Name of Mother, Mary Sewel

6. Mother's Maiden Name, Yager

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. D. Sewel

9. Father's Occupation Tanner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1892 0004589

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. D 44768 Iowa

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William Kilman ~~Marsh~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22 1892
4. Place of Birth, (Street and Number) 1421 E Eager St
5. Full Name of Mother, Sarah E Marsh
6. Mother's Maiden Name, Kilman
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Solomon Marsh
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, J H Latimer M D
- Address, 1504 E Eager St
- Remarks, 1 8 9 2 0 0 0 4 5 9 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20 1892
4. *Place of Birth, (Street and Number)* 565 Baker St
5. *Full Name of Mother,* Mary McCulloh Cain
6. *Mother's Maiden Name,* Balto
7. *Mother's Birthplace,* John McCulloh
8. *Full Name of Father,* Car Conductor
9. *Father's Occupation,* Annapolis
10. *Father's Birthplace,* Chas E Sadler

Name of Medical Attendant, or other person who makes this Return, 2106 Druid Hill Ave

Address,

Remarks, 1892000459 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the firm of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C SULLIVAN CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-17-56

RETURN OF A BIRTH. 44770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Archer Mooney Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1st 1892
4. Place of Birth, (Street and Number) 1048 Harford Ave
5. Full Name of Mother, Maggie Mooney
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank J. Mooney
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D L Penny MD

Address, 700 E. Lombard St.

Remarks,

1892000045992

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 1st '92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Anna Bauer.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Unknown.
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard.
Remarks,	1892 0004593

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

SUFFIX TO BE ADDED 7-11-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret E. Leimbach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 24 1892
4. *Place of Birth, (Street and Number)*	1158 Harper
5. *Full Name of Mother,*	Catherine
6. *Mother's Maiden Name,*	Schriver
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Geo Leimbach
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	E D Wiseman MD
Address,	1114 Druid Pk
Remarks,	

8 9 2 0 0 0 1 5 9 4

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

4473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2. Dec.
4. Place of Birth, (Street and Number) 619 N. Front St
5. Full Name of Mother, Sarah Granader
6. Mother's Maiden Name, Sarah Fowler
7. Mother's Birthplace, Westminister Carroll Co
8. Full Name of Father, Martin Granader
9. Father's Occupation, Machinist
10. Father's Birthplace, Hallidaysburg Pa Blair Co.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Rink midwife

Address, No 506. N. High St.

Remarks,

8920004595

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

4774.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 5th 1893. (1897)
4. Place of Birth, (Street and Number) Baltimore Ind 517 Calender
5. Full Name of Mother, Sophia Williams.
6. Mother's Maiden Name, Sophia Sinclt.
7. Mother's Birthplace, Baltimore Ind.
8. Full Name of Father, John Andrew Williams
9. Father's Occupation, Harness-maker
10. Father's Birthplace, Baltimore Ind

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Frazier

Address, 114 Decker A Baltimore Ind

Remarks, Mother and Child Doing well

8 9 2 0 0 0 4 5 9 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 4475.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 7. 92

4. Place of Birth, (Street and Number) 2036 Orange St.

5. Full Name of Mother, Mrs. Ella Wordsworth Fritsch

6. Mother's Maiden Name, Miss " Wordsworth

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Charles Henry Fritsch

9. Father's Occupation, Butler

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. E. Rud. Kuck M.D.

Address, 2000 E. Balt. St.

Remarks, Forceps delivery

8920004597

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Lw 776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Decemb 8/93 (Dec 1892)

4. Place of Birth, (Street and Number) Elgin Av

5. Full Name of Mother, Margaret Keen

6. Mother's Maiden Name, Margaret Reed

7. Mother's Birthplace, Balto

8. Full Name of Father, Thos J. Keen

9. Father's Occupation Gardener

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks, 1892 0004598

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 44977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 8. 1892
4. *Place of Birth, (Street and Number)* 407 N. Gilmor Street
5. *Full Name of Mother,* Mrs. Flora Baker
6. *Mother's Maiden Name,* Miss Flora King
7. *Mother's Birthplace,* Prince George County Maryland
8. *Full Name of Father,* Mr. Milton Lee Baker
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Ally L. Hodgson M.D.

Address, 1235 Lafayette Avenue

1892 U 004599

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and is the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. S. GILLEY & SON, CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 8-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Mary Moore
6. *Mother's Maiden Name,*	Cox.
7. *Mother's Birthplace,*	Unknown.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	W. Wayland Frames.
Name of Medical Attendant, or other person who makes this Return,	116 W. Lombard.
Address,	
Remarks.	1892 0004600

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 8-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Nettie Miller
6. *Mother's Maiden Name,*	Ind.
7. *Mother's Birthplace,*	Unknown.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	1892 0004601

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 9th 1899 (see 1892)
4. Place of Birth, (Street and Number)	№ 1520 Byrd St
5. Full Name of Mother,	Maggie Kirby
6. Mother's Maiden Name,	Maggie Tanner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Kirby
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Katherine Hornung
Address,	№ 1517 Byrd St
Remarks,	1892000046 02

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 15 1892
4. *Place of Birth, (Street and Number)*	3528 Belden
5. *Full Name of Mother,*	Mary
6. *Mother's Maiden Name,*	McComas
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Geo Henry Mather
9. *Father's Occupation,*	R.R. Brakeman
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	E D Williams M.D.
Address,	1127 Thurston Rd
Remarks,	

1892 U 0004603

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 4787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 11 / 92
4. *Place of Birth, (Street and Number)* 2005 – Frederick Ave
5. *Full Name of Mother,* Katie Wolf
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Sebastian Wolf
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. M. F. Cahn

Address, 1800 N. Ballo ft.

Remarks, 1892 U 0046 04

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4783.

JAN 16 1892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12th Dec 1891
4. *Place of Birth, (Street and Number)* 1514 Federal st
5. *Full Name of Mother,* Doctanna Spangler
6. *Mother's Maiden Name,* Dochanna Etzel
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Spangler
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Zirkmichaff

Address, No 506 N. High St.

Remarks,

8920004605

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 15-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Amelia Shipley.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Unknown.
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard
Remarks,	

1892 00044606

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 17th 1892.
4. Place of Birth, (Street and Number) 1705 Eastland Ave.
5. Full Name of Mother, Celia L. Buck
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace. Zanesville Ohio
8. Full Name of Father, Edgar L. Buck
9. Father's Occupation, Brick Mason.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Eastland St

Remarks, 1892000 4607

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every midwife, and every person other than a physician or practitioner of midwifery, who shall have been present at the birth of any child, or who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 18 92
4. *Place of Birth, (Street and Number)*	1419 E Fulton ave
5. *Full Name of Mother,*	Ella M. Leitz
6. *Mother's Maiden Name,*	dr Dretmer
7. *Mother's Birthplace,*	Martinsburg W. Va
8. *Full Name of Father,*	Wm a. Leitz
9. *Father's Occupation,*	Electrician
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	E Dorsey Ellis MD
Address,	915 Light St
Remarks,	

1892 0004608

...shall not be born as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4787.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 18, 1892
4. *Place of Birth, (Street and Number)*	1104 Leadenhall St
5. *Full Name of Mother,*	Rose Eckert
6. *Mother's Maiden Name,*	Rose Lillie
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Eckert
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Doing Well
	1892 U 004609

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately before the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the other person be in third day of each and every month to a physician or practioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recoverable. as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 19th - 1892
4. Place of Birth, (Street and Number) Hampden
5. Full Name of Mother, Jennie L. Gisse
6. Mother's Maiden Name, Jennie L. Cooper
7. Mother's Birthplace, Dorchester Co
8. Full Name of Father, Louis Gisse
9. Father's Occupation, Life Insurance
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. Penrose

Address, 916 McCulloh St.

Remarks,

1892000046 10

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF BIRTH. 44789

GIVEN NAME ADDED 8-27-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Milton Aloysius Sorrell, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Decemb 19/92
4. Place of Birth, (Street and Number) 1604 Calhoun St
5. Full Name of Mother, Mary Sorrell
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, N C
8. Full Name of Father, Henry T. Sorrell
9. Father's Occupation Carpenter
10. Father's Birthplace, N H

Name of Medical Attendant, or other person who makes this Return A E Pole

Address, 2038 Madison Ave

Remarks, 6 9 2 0 0 0 4 6 1 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 19-92.
4. *Place of Birth, (Street and Number)* 1131 E. Mt Pr.
5. *Full Name of Mother,* Margaret Burke
6. *Mother's Maiden Name,* " Kearney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Geo Burke
9. *Father's Occupation,* Freight Handler
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address, 921 E Lexington St

Remarks,

1892 U 0 0 4 6 1 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

4491 (over)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Herbert G. Teal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 19 1892
4. *Place of Birth, (Street and Number)*	North Division Stret near Baltimore
5. *Full Name of Mother,*	Loura C Teal
6. *Mother's Maiden Name,*	Laura C Heiser
7. *Mother's Birthplace,*	Pipesters Town
8. *Full Name of Father,*	John Teal
9. *Father's Occupation,*	Brickmaker
10. *Father's Birthplace,*	Harford County Maryland
Name of Medical Attendant, or other Person who makes this Return.	North Virginia Wheeler
Address,	1531 North Stricker
Remarks,	an Over sight to report in last year.

1892000461 3

Within six days thereafter, stating correctly, the date of birth, sex, and color of child, and full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 44797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 20 4 1892
4. Place of Birth, (Street and Number) 1310 Riggs Av
5. Full Name of Mother, Jennie Kelley
6. Mother's Maiden Name, Jennie Simpson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Kelley
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address, 700 E. Chase St

Remarks,

1892U004614

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ascertained the full name of each child. If any child shall have ...pation of its parents, the date and place of birth; and the ...ractitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

47793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 20-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Alice Weal.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	W. Va.
8. *Full Name of Father,*	Maryland.
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Farmer.
Address,	115 W. Lombard
Remarks,	1892 0004615

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 20-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Annie Revell.
6. *Mother's Maiden Name,*	Ind.
7. *Mother's Birthplace,*	Unknown.
8. *Full Name of Father,*	"
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frames
Address,	116 W Lombard.
Remarks,	8920004616

been conferred) its sex, color, the full name and occupation, of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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upation of its parents, the date and place of birth; and the
ractitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Comm
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it shal
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offense, to be rec

RETURN OF A BIRTH. A 44795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 20th 1892
4. *Place of Birth, (Street and Number)*	504 Bloom St
5. *Full Name of Mother,*	Grace Ruark Rutter
6. *Mother's Maiden Name,*	Balto
7. *Mother's Birthplace,*	George T Ruark
8. *Full Name of Father,*	Car Conductor
9. *Father's Occupation,*	Prince Georges Co Md
10. *Father's Birthplace,*	Chas E Sadler
Name of Medical Attendant, or other person who makes this Return.	2100 D H A
Address,	
Remarks,	1892.0004617

WM. J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	137 Harford Ave.
4. *Place of Birth, (Street and Number)*	December 21, 1892
5. *Full Name of Mother,*	Susie McCarthy
6. *Mother's Maiden Name,*	Harkness
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	Jno Edw^d McCarthy
9. *Father's Occupation*	Steam fitter
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Frank Bond M.D.
Address,	Eager & Wilcox
Remarks,	1892U004618

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44997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 21 – 92
4. *Place of Birth, (Street and Number)*	915 N Chester
5. *Full Name of Mother,*	Mary C B. Degenhauer
6. *Mother's Maiden Name.*	" " Porter
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Clayton L Degenhauer
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

8920004619

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. A 44798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1- Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21. Dec. 1892
4. Place of Birth, (Street and Number) Baltimore 770. Charles st
5. Full Name of Mother, Liggie Abrams
6. Mother's Maiden Name, Liggie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Smith
9. Father's Occupation Book Binder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, 41- Gilfords Alley Baltimore Md

Remarks,

1892 U 004620

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of, midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

14799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 31-92
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Marie Moore.
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Unknown.
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	

1892 0004621

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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on of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 21/92
4. *Place of Birth, (Street and Number)*	2653 Penna ave Exld
5. *Full Name of Mother,*	Bessie Bertram
6. *Mother's Maiden Name,*	Bessie Grossman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas E. Bertram
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	A L Pole
Address,	2038 Madison ave
Remarks,	9 9 2 0 0 0 4 6 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Dec 21/92
4. *Place of Birth, (Street and Number)*	222 Broadway
5. *Full Name of Mother,*	Martha Smith
6. *Mother's Maiden Name,*	Martha Burney
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Clarence Smith
9. *Father's Occupation,*	Lab
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jane Moorland
Address,	
Remarks,	

1892 0004623

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offense, to

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RETURN OF A BIRTH. 44807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 21st 1892
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum
5. *Full Name of Mother,*	Lucy Mays
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. A. Keene M. D.
Address,	590 David Hill Ave
Remarks,	1892U004624

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Sec. 4. Be it further enacted, That the Commissioner of Health shall cause to be printed a sufficient number of blank certificates, in the form hereinafter prescribed, and shall furnish the same to the physicians, midwives or other persons required to report births and deaths, and shall cause to be printed and furnished to the Registrar of Vital Statistics, such books as may be necessary for the registration of

RETURN OF A BIRTH. A 44803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 21st 92.

4. *Place of Birth, (Street and Number)* 1125 Canton Ave.

5. *Full Name of Mother,* Emilie Keppler

6. *Mother's Maiden Name,* " Feesman

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Chas. Keppler

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, (Dr. Fiche.) Mrs. Diesenhofer

Address, 1806 Eastern Ave.

Remarks, 1892U004625

been conferred) its sex, color, the full name and occupation of its parents, the time of birth, and whether the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 04804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 21st 1892

4. Place of Birth, (Street and Number) 103 E Monument St

5. Full Name of Mother, Hattie Fiehle

6. Mother's Maiden Name, Zinck

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Fiehle

9. Father's Occupation, Cook Monitor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. H. Schlaudecker M.D.

Address, 1501 E. Baltimore St

Remarks, 1892 0004626

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

4685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Caroline Kepper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 21st 1892
4. *Place of Birth (Street and Number),* 1725 Linden Ave
5. *Full Name of Mother,* Amelia Kepper
6. *Mother's Maiden Name,* a Hessmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F Kepper
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H E Hooks MD

Address, 1519 E Baltimore St

Remarks, GIVEN NAME ADDED. 6-5-53 L M.

1892000 4627

Return, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 44806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 21/92
4. Place of Birth (Street and Number),	1143 Dutch St.
5. Full Name of Mother,	Ada J. Hemrickh
6. Mother's Maiden Name,	" " Yates
7. Mother's Birthplace,	Ohio
8. Full Name of Father,	Abh C. Hemrickh
9. Father's Occupation,	Iron Moulder
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	H. C. Knuff M.D.
Address,	523 Scott St.
Remarks,	

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892 0004628

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 21th 92
4. *Place of Birth, (Street and Number)* 1106 Chesapeake ste
5. *Full Name of Mother,* Klara Keiner
6. *Mother's Maiden Name,* " Kubler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Keiner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 1106 Carter Ave,

Remarks,

8920004629

been conferred) its sex, color, the full name and occupation of its parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 44808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Amos Shields

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 29

4. *Place of Birth, (Street and Number)* 1514 N Caroline St

5. *Full Name of Mother,* Ella M Shields

6. *Mother's Maiden Name,* Bowers

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Shields

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J W Seldud M D

Address, 59 S Eaton St

Remarks, 1892 0004630

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...son of its parents, the date and place of birth; and the ...sex, color, the full name and occupation of ... said practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 22 1892
4. *Place of Birth, (Street and Number)*	1206 Central Ave.
5. *Full Name of Mother,*	A. Fiedl
6. *Mother's Maiden Name,*	A. Heinemann
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	H. Fiedler
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Dr. C. Bull
Address,	1205 E. Monument St. cor. Central Ave.
Remarks,	All Well.

1892U004631

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 4890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12. 1892

4. Place of Birth, (Street and Number) Baltimo 200 Hughes st

5. Full Name of Mother, Annie A. Frailinger

6. Mother's Maiden Name, Annie Weber

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Mistr Weber

9. Father's Occupation Glas Workes

10. Father's Birthplace, Jersey

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, 41 Lexington alley Baltimore Md

Remarks, 1892000 4632

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 22nd
4. Place of Birth, (Street and Number) Johns Hopkins Estate. Harford Road
5. Full Name of Mother, Mollie Buckey
6. Mother's Maiden Name, Mollie Radcliffe
7. Mother's Birthplace, Frederick Co.
8. Full Name of Father, John W. Buckey
9. Father's Occupation, Farmer
10. Father's Birthplace, Frederick Co.

Name of Medical Attendant, or other person who makes this Return. J. C. Gilchrist Surgeon & Physician

Address, 1301 Valley Street.

Remarks,

18 92 U 00 46 33

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 4817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22nd 1892
4. Place of Birth, (Street and Number) Baltimore E. Albemarle St No. 204
5. Full Name of Mother, Mrs Barbara Blasl
6. Mother's Maiden Name, Mrs Barbara Stanno
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr. Wilhelm Blasl
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Josephina Krueger

Address, No 2026 E. Fayette St. B. Md.

Remarks, 18920004634

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLEY CO CITY PRINTERS AND STATIONERS.

A 4873.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22nd 1892
4. *Place of Birth, (Street and Number)* Balt. N. Washington St. No. 121
5. *Full Name of Mother,* Mrs. Katie Denk
6. *Mother's Maiden Name,* Mrs. Katie Gray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. John Denk
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josephine Krueger

Address, No. 2026 E. Fayette St. B. Md.

Remarks,

1892000 4635

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 22 December
5. *Full Name of Mother,* 1213 Anthony St.
6. *Mother's Maiden Name,* Barbara Bauer
7. *Mother's Birthplace,* Fiddler Germ.
8. *Full Name of Father,* Conrad Bauer
9. *Father's Occupation*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Anna Heller

Address, 928 N. Carl Ave.

Remarks,

8 9 2 0 0 0 4 6 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 20th 1892
4. *Place of Birth, (Street and Number)* Baltimore City W 19 Scott St
5. *Full Name of Mother,* Lydia E. Hadaway
6. *Mother's Maiden Name,* Lydia E. Brown
7. *Mother's Birthplace,* Kent Co. Md.
8. *Full Name of Father,* Joseph A. Hadaway
9. *Father's Occupation* Car Repairer
10. *Father's Birthplace,* Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer

Address, 722 Lamburg St

Remarks,

1892000 4637

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A4486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ruth Cleveland ~~Gregory~~ 10th Child 1st Cleveland
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 20, 1892
4. Place of Birth, (Street and Number)	112 Battery Ave
5. Full Name of Mother,	Lessie Gregory
6. Mother's Maiden Name,	Lessie Hunley
7. Mother's Birthplace,	Richmond
8. Full Name of Father,	Amos Gregory
9. Father's Occupation	Stuckester
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
Address,	218 E. Heath St
Remarks,	Doing Well

CITIZEN STATUS ADDED 4-22-53

1892000 4638

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 23.
4. Place of Birth, (Street and Number) Eastern ave. 2005
5. Full Name of Mother, Whilhelmina Esposito
6. Mother's Maiden Name, Whilhelmina Williams
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Anton Esposito
9. Father's Occupation, Fireman
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1913 Eastern ave City

Remarks,

+ 69200014639

Each certificate of birth shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of births of the child. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) .....

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Dec 23rd 92
4. *Place of Birth, (Street and Number)* 405 Pulaski Place
5. *Full Name of Mother,* Mary Shafer Wagner
6. *Mother's Maiden Name,* B C
7. *Mother's Birthplace,* Thos Shafer
8. *Full Name of Father,* Conductor
9. *Father's Occupation,* B C.
10. *Father's Birthplace,*

Name of Medical Attendent, or other person who makes this Return. Dr Miller
Address, 1207 E Monument St

Remarks,

1892 U 000 16 40

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number in the order of birth of each child born alive to the mother, and the number of children of the mother still living, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the birth immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 23 - 92
4. *Place of Birth, (Street and Number)*	243 S. Chapel
5. *Full Name of Mother,*	Mary E Sturgeon
6. *Mother's Maiden Name,*	" " Staymer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Augustus F Sturgeon
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	92 McDonough St
Remarks,	1892 U 004641

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

JAN 13 1893

RETURN OF A BIRTH. 44870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 24 1892
4. Place of Birth, (Street and Number) No 104 E Pratt St Balt
5. Full Name of Mother, Lena Seltzer
6. Mother's Maiden Name, -
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Seltzer
9. Father's Occupation, -
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Lena Barbo

Address, No 40 York St.

Remarks, 1892 0004642

Wm J C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4851.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 December sunday 3th Clock
4. *Place of Birth, (Street and Number)* 1934 brunt st
5. *Full Name of Mother,* Susan Bailey
6. *Mother's Maiden Name,* Susn Johson
7. *Mother's Birthplace,* Charles Johson
8. *Full Name of Father,* Corpman
9. *Father's Occupation* Senitor iliad
10. *Father's Birthplace,* Sustestia Cuba

Name of Medical Attendant, or other person who makes this Return, 744 Gradlil St

Address,

Remarks,

1 6 9 2 0 0 0 4 6 4 3

WM. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 24/92
4. *Place of Birth, (Street and Number)*	907 Cairo
5. *Full Name of Mother,*	Mary Lee
6. *Mother's Maiden Name,*	Mary Green
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Lee
9. *Father's Occupation,*	Lab.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jno Woodland
Address,	
Remarks,	

1892000 4644

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-15-58

RETURN OF A BIRTH. A 4873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie ~~Elizabeth~~ Lemke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 21st 92.
4. *Place of Birth, (Street and Number)* 1828 Canton Ave.
5. *Full Name of Mother,* Amie Lemke
6. *Mother's Maiden Name,* Hochdorfer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Lemke
9. *Father's Occupation* Steuendorf
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mrs. Heisenhofer

Address, 1106 Canton Ave.

Remarks, 1892U004645

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44814.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 4 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 2st 1892.
4. Place of Birth, (Street and Number) #1511 Eutaw Pl
5. Full Name of Mother, Rebecca Friedman
6. Mother's Maiden Name, Rebecca Pittance
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jac. A. Friedman
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. J. Connell M.D.

Address, #1025 N. Caroline St

Remarks, Cal.

8920004646

SEE. J. D. ELLIOTT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 44835.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 24th 1892
4. Place of Birth, (Street and Number) 209 Collington Ave
5. Full Name of Mother, Fanny Wagner
6. Mother's Maiden Name, Fanny Kalmy
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo L Wagner
9. Father's Occupation, Fruit Packer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr H Keller M D

Address, 222 N. Monument St

Remarks,

C 9 2 0 0 0 0 4 6 4 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 27th 92
4. *Place of Birth, (Street and Number)* 1939 Orleans ste.
5. *Full Name of Mother,* Bertha Schmid
6. *Mother's Maiden Name,* " Brozowski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gottfried Schmid
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1816 Eastern Ave.

Remarks,

1892U004648

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First —

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 24 — 92

4. *Place of Birth, (Street and Number)* 1820 Ashland Ave

5. *Full Name of Mother,* Emma M. J. Ringgold

6. *Mother's Maiden Name,* " " " Easterfield

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Jennie R Ringgold

9. *Father's Occupation* Teamster

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allard

Address, 912 McDonogh Ave

Remarks, 1892U004649

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 25. 1892
4. *Place of Birth, (Street and Number)*	1428 W. Baltimore St.
5. *Full Name of Mother,*	A. Sech
6. *Mother's Maiden Name,*	A. Schale
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	H. Sech
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	H. A. Bull.
Address,	245 E. Hamburg St. cor Central Ave.
Remarks,	Call Bull.

1892 0004650

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 25 1892
4. *Place of Birth, (Street and Number)*	1310 Spring St.
5. *Full Name of Mother,*	M. Hanna
6. *Mother's Maiden Name,*	M Bidenbach
7. *Mother's Birthplace,*	Balto. County
8. *Full Name of Father,*	C. Hanna
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M. A. Bell
Address,	1245 E. Monument St. or Central Ave.
Remarks,	All Well

1892 0004651

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 25th 1892

4. Place of Birth, (Street and Number) Clifton Farm house Johns Hopkins Property.

5. Full Name of Mother, Annie E. Schwartz

6. Mother's Maiden Name, Snider

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John C. Schwartz

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. H. Goldner M.D.

Address, 104 E. Hayes St

Remarks, 1892 0 0 0 4 6 5 2

Wm J C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation
practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitio
e Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sh
er it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in t
lth, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to com
il to comply with the provisions of this section shall be sub
jected to the fine of ten (10) dollars for each offence, to be re
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 25th 92.
4. *Place of Birth, (Street and Number)* 243 S. Washington str.
5. *Full Name of Mother,* Mollie Button
6. *Mother's Maiden Name,* " Hanson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Button
9. *Father's Occupation* Cannmakers
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heidenhofer

Address, 1802 Eastern Ave.

Remarks, 1892000 4653

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

14,835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 25 — 1892
4. Place of Birth, (Street and Number) 430 S. Caroline St.
5. Full Name of Mother, Sara Marks
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Marks
9. Father's Occupation Floor Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt St.

Remarks,

1892000465 4

Wm. J. C. Dulany Co., City Printers and Stationers

occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
eafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section, shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.
been collected, its sex, color, the full name and occup
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or p
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offence, to b

RETURN OF A BIRTH. A 44833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	25 Dec
4. *Place of Birth, (Street and Number)*	424 N. Leigh St
5. *Full Name of Mother,*	Mary Clifford
6. *Mother's Maiden Name,*	Mary Fogerty
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas Clifford
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return,	Mrs. D. Bird midwife
Address,	506 N. Leigh St
Remarks,	

1892 0004655

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 44 824

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec 25th 1872.

4. Place of Birth (Street and Number), No 2333 Gilliman St. Baltimore

5. Full Name of Mother, Lizzie Cosmus

6. Mother's Maiden Name, Singlestack

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Cosmus

9. Father's Occupation, Can-maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Cosmus

Address, 13 S. Eden St

Remarks,

1892000 16556

Every person required by the foregoing section to report the birth of any child, shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44835.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 25th 1912.

4. *Place of Birth, (Street and Number)* 2116 W. Fayette St.

5. *Full Name of Mother,* Mildred Beatrice Stevens

6. *Mother's Maiden Name,* " " " " Lint.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* J. Carroll Stevens.

9. *Father's Occupation* Clerk.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie Kinstrom

Address, 106 S. Monroe St.

Remarks,

8920001657

Wm. J. C. Dulany Co. City Printers and Stationers.

been collected its sex, color, the full name and occupation of the parents, the date and place of birth, and the name and address of the physician, midwife or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12-26-92

4. Place of Birth, (Street and Number) 2501 Elam st

5. Full Name of Mother, Lucile Young.

6. Mother's Maiden Name, " Howard

7. Mother's Birthplace, W. Va

8. Full Name of Father, H. L. G. Young.

9. Father's Occupation, Blacksmith

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, L. F. Fay.

Address, 2414 Dk Ave.

Remarks, L. C. H. Svc.

18920004658

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 26 1892
4. Place of Birth, (Street and Number) 1429 Boundy Lane
5. Full Name of Mother, Elizabeth B Hudson
6. Mother's Maiden Name, Boundy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W. Hudson
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, + 8 9 2 0 0 0 4 6 5 9

JAN 1893

Wm. J. C. Dulany Co., City Printers and Stationers

of its parents, the date and place of birth; and the
oner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ioner of midwifery, or should no other person be in
ll become the duty of the person or parents of such
te manner and within the period above required, and
ply, with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 31 '92

4. *Place of Birth, (Street and Number)* 1205 Lexington St

5. *Full Name of Mother,* Ruth

6. *Mother's Maiden Name,* Letterman

7. *Mother's Birthplace,* Carthage Miss.

8. *Full Name of Father,* Louis Simon

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Carthage

Name of Medical Attendant, or other person who makes this Return. Pauline Sloan

Address, 207 S. High St.

Remarks,

8 9 2 0 0 0 4 6 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44839.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 10 189

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec. 26 97
4. *Place of Birth (Street and Number)*	Penn St. (near Front)
5. *Full Name of Mother*	Catherine Emerick
6. *Mother's Maiden Name*	Lady
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Geo. Emerick
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Wm B. Rider
Address	57 Harlem Ave.
Remarks	

8920004661

At the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 44840.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 26th 92
4. *Place of Birth, (Street and Number)* 915 Curley ste.
5. *Full Name of Mother,* Ella Montecean
6. *Mother's Maiden Name,* " Coleman
7. *Mother's Birthplace,* Englands
8. *Full Name of Father,* Justinues Montecean
9. *Father's Occupation* Cooke
10. *Father's Birthplace,* Englands

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 106 Eastern Ave.

Remarks,

8 9 2 0 0 0 4 6 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-4-57

A 44841.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Gertrude Anna~~ Gundel III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 26th 92.
4. *Place of Birth, (Street and Number)* 2217 Orleans Str.
5. *Full Name of Mother,* Annie Gundel
6. *Mother's Maiden Name,* " Rohling
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Gundel
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 1806 Eastern Ave.

Remarks, 8920004663

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 26, 1892
4. *Place of Birth, (Street and Number)*	1516 Hartford
5. *Full Name of Mother,*	Elizabeth Brown
6. *Mother's Maiden Name,*	Evans
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Robert Brown
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. Frank Conrad M.D. Eager & Wilcox
Address,	
Remarks,	8920004664

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec. 26 1892
4.	*Place of Birth, (Street and Number)*	1573 Ridgelea Ave.
5.	*Full Name of Mother,*	Annie Bernwinkler
6.	*Mother's Maiden Name,*	Annie Eakerd
7.	*Mother's Birthplace,*	Germany Byrem
8.	*Full Name of Father,*	John J Bernwinkler
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany Byrem
	Name of Medical Attendant, or other person who makes this Return,	Thos. C. Faulstich
	Address,	2859 Fulton Ave
	Remarks,	8920004665

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-5-58

44847

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Joseph — Anderton

No. of Child of Mother, (State whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (State whether male ~~or female~~)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Dec 26/98
4. Place of Birth, (Street and Number) 357 [illegible]
5. Full Name of Mother, Rose Hoffman
6. Mother's Maiden Name, Fredrick
7. Mother's Birthplace, Frank M. Anderton
8. Full Name of Father, Clerk
9. Father's Occupation, Balto Md
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1302 N Gay St

Remarks,

C 92 0004666

been conferred, its sex, color, the full name and residence of the parents, and the date of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner, midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

of its parents, the date and place of birth; and the
oner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
oner of midwifery, or should no other person be in
ll become the duty of the person or parents of such
e manner and within the period above required, and
ly with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44845.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26 — 1892
4. *Place of Birth, (Street and Number)* 2041 Orleans St.
5. *Full Name of Mother,* Kate Wentz
6. *Mother's Maiden Name,* Leyhe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Went
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

8920004667

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12-26-97
4. *Place of Birth, (Street and Number)* 2335 E. Balt. Ave.
5. *Full Name of Mother,* Kate Doyle
6. *Mother's Maiden Name,* " Barkley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Doyle
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* N.Y.

Name of Medical Attendant, or other person who makes this Return, J. F. Finney.

Address, 2464 E. Balt. Ave

Remarks, R.C. & Sus

8920004668

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	White
2. Race or Color, (if not of the white race)	
3. Date of Birth,	December 2 E. Thurs 27
4. Place of Birth, (Street and Number)	27 41 Burley
5. Full Name of Mother,	Lillian Shaw
6. Mother's Maiden Name,	Lillian England
7. Mother's Birthplace,	Irish & Burley
8. Full Name of Father,	Mechanic
9. Father's Occupation	England St Clary Mt
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	1049 N. Broadway
Address,	
Remarks,	1892000 4669

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

44848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female), F.
2. Race or Color (if not of the white race), W.
3. Date of Birth, December 26th 92.
4. Place of Birth (Street and Number), Fort Road near Oxford Av
5. Full Name of Mother, Elizabeth McDonnell
6. Mother's Maiden Name, Culverwell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James C. McDonnell
9. Father's Occupation, Drummer
10. Father's Birthplace, Eldridge Landing

Name of Medical Attendant, or other person who makes this Return. A. J. Hoen

Address, 713 Fort Road

Remarks,

1892 0004670

Baltimore Publishing Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. 1893

RETURN OF A BIRTH A 44849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st.

1. *Sex,* (*State whether male or female*) Male.
2. *Race or color,* (*if not of the white race*) White.
3. *Date of Birth,* December 27th - 1892.
4. *Place of Birth,* (*Street and Number*) 1624 W. Harlem av.
5. *Full Name of Mother,* Sarah C. Rush.
6. *Mother's Maiden Name,* Welch.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Campin Rush.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith. M.D.

Address, Harlem av. & Calhoun st.

Remarks, 8920004671

been conferred its sex, color the full name and occupation of its parents, the date and place of birth and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 44880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 Dec 1892
4. *Place of Birth, (Street and Number)* 121 S High St.
5. *Full Name of Mother,* Ida
6. *Mother's Maiden Name,* Minnie
7. *Mother's Birthplace,* Russ
8. *Full Name of Father,* Samuel Shapiro
9. *Father's Occupation* Dealer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Pauline Slote

Address, 207 S. High St.

Remarks,

8 9 2 0 0 0 4 6 7 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14485.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* of Dark
3. *Date of Birth,* 1924 Oct 28.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Marie Krueger
6. *Mother's Maiden Name,* Theilmann
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Lorenz Krueger
9. *Father's Occupation*
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Waters

Address, 928 N. Eutaw Ave.

Remarks,

1 8 9 2 0 0 0 4 6 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...ts parents, the date and place of birth; and the ...r in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the ...missioner of Health. In case the birth of any child ...er of midwifery, or should no other person be in ...third day of each and every month to the office of the Commissioner of ...shall occur without the attendance of a physician or practioner of mi... become the duty of the person or parents of such ...manner and within the period above required, and ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the manner ...with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with th... jected to the fine of ten ($10) dollars for each offence, to be recovered as ...ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4485 V.

JAN 3 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 28th 1892

4. Place of Birth, (Street and Number) 2007 Ramsay st

5. Full Name of Mother, Adell Rosenthal

6. Mother's Maiden Name, Manley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Rosenthal

9. Father's Occupation Butter Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie Kindner

Address, #106 S. Monroe st

Remarks, 8920004674

Wm. J. C. Dulany Co., City Printers and Stationers.

ation of its parents, the date and place of birth; and the
ages, color, the full name and occupation of the father, the
ctitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26 Dec 1892
4. Place of Birth, (Street and Number)	228 St Peter st
5. Full Name of Mother,	Margret Shay
6. Mother's Maiden Name,	Margret Burke
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter Burke
9. Father's Occupation	Hasehaca
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Chas A. Taylor
Address,	41 Guilford Ave / Baltimore Md
Remarks,	

1892000046 75

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-25-54

RETURN OF A BIRTH. 4484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lydia Helen Large 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 28th 1892
4. Place of Birth, (Street and Number) 1142 Argyle Ave
5. Full Name of Mother, ~~Lizzie Long~~ Elizabeth Large
6. Mother's Maiden Name, ~~Lizzie~~ Seiger, Elizabeth
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert ~~Long~~ A. Large
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D. Miller M.D.

Address, 222 N. Monument St.

Remarks,

8920004676

been conferred) its sex, color, the full name and occupation of its parents, the first and
the form of a certificate between the first and
er in the case the birth of any child
issioner of Health. In case the birth of any child should no other person or parents of such
said schedule, and every month of a physician or practitioner of such
third day of each the attendance immediately thereafter, in the manner
shall occur without the mother, immediately thereafter, in the manner
attendance upon birth to the Commissioner of Health to comply with
child to report its persons who shall hereafter fail to be recovered as
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28
4. *Place of Birth, (Street and Number)* 1828 Collington Ave
5. *Full Name of Mother,* Eva Matulewicz
6. *Mother's Maiden Name,* Eva Papaika
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jos. Matulewicz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, W. J. Watson M.D

Address, 1519 Broadway

Remarks,

8920004677

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 28th December.

4. *Place of Birth, (Street and Number)* 1210 Fort Avenue.

5. *Full Name of Mother,* Hermina Hartke.

6. *Mother's Maiden Name,* Race.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Herman Hartke.

9. *Father's Occupation* Labor.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Miss D Siemsen.

Address, 1225 Hare st.

Remarks, 8920004678

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the
been conferred) its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of Midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 14857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 28. 1892.
4. *Place of Birth, (Street and Number)*	1006 Bond St.
5. *Full Name of Mother,*	H. Ditteldinger
6. *Mother's Maiden Name,*	C. Jung.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	H. Ditteldinger
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	W. C. Bell.
Address,	1245 E. Hammond & S. Cor. Central Ave.
Remarks,	Address

1892000467 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) this is the 7 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* it is color
3. *Date of Birth,* december th 28
4. *Place of Birth, (Street and Number)* 933 green willow st
5. *Full Name of Mother,* matha ~~Colson~~ Colbert
6. *Mother's Maiden Name,* matha Bolden
7. *Mother's Birthplace,* prince gorge co
8. *Full Name of Father,* william James Colbert
9. *Father's Occupation.* tanner
10. *Father's Birthplace,* prince gorge co

Name of Medical Attendant, or other person who makes this Return. mrs charity Jones

Address, 509 hargrove alley

Remarks,

1892000046800

been conferred, as sec. 5 of the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 28th 1892
4. *Place of Birth, (Street and Number)* Balt No. 2225 Lumley St
5. *Full Name of Mother,* Mrs. Mary Ann Neary
6. *Mother's Maiden Name,* Mrs Mary Ann Connor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr John Tho Neary
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jos a John Krueger

Address, No 2026 E Fayette St. B. Md.

Remarks, 1892 0004681

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28th 1892
4. *Place of Birth, (Street and Number)* Balt. No [redacted] 2039 E. Fayette St
5. *Full Name of Mother,* Mrs Bertha ~~Heaton~~ O'conner
6. *Mother's Maiden Name,* Mrs Bertha Sheden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Edward O'conner
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Josephine Krueger

Address, No 2026 E. Fayette St. Balto. Md.

Remarks,

1892000468 2

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Dec. 28th. 92.
4. *Place of Birth, (Street and Number)* 2427 Lancaster str.
5. *Full Name of Mother,* Ida Ross Schoenfelder
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Bernhard Ross
9. *Father's Occupation* Cannmacker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 1 8 9 2 0 0 0 4 6 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederick Johan Stoll Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 29th 92.

4. Place of Birth, (Street and Number) 806 Canton Ave. (Maisenhaelder)

5. Full Name of Mother, Elisabeth Meisenhoelder

6. Mother's Maiden Name, " Hartman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Meisenhoelder (Maisenhaelder)

9. Father's Occupation Storekeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Heisenhofer

Address, 1806 Eastern Ave.

Remarks, 1892000468 4

CORRECTED
SEE DOCUMENT FILE NO
DATE

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29. 92
4. *Place of Birth. (Street and Number)* 1032 Hopkins Ave
5. *Full Name of Mother,* Broome Leonard
6. *Mother's Maiden Name,* " Boughtan
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Edred B Leonard
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, J M Hundley

Address, 1002 Madison Ave

Remarks,

+ 8920004685

WM. J. C. SULLANY CO CITY PRINTERS AND STATIONERS.

Every physician or midwife in attendance upon any birth shall, within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14854.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 30 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 22nd 92.
4. *Place of Birth, (Street and Number)* # 223 Smallwood st.
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* " " Ritter.
7. *Mother's Birthplace,* Rodenkirchen.
8. *Full Name of Father,* Bernhard Miller.
9. *Father's Occupation* Stolmaker.
10. *Father's Birthplace,* Hesse.

Name of Medical Attendant, or other person who makes this Return, Claude Snider

Address, # 126 S. Mercer st.

Remarks,

8 9 2 0 0 0 4 6 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 29th 92.
4. *Place of Birth, (Street and Number)*	750 Mulberry str.
5. *Full Name of Mother,*	Minna Hill
6. *Mother's Maiden Name,*	Minna Punk
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Heinrich Hill
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	~~Wm A~~ H. A. Heyer M. D.
Address,	1019 N. Caroline str.
Remarks,	18920004687

E. G. GELANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-03-55

RETURN OF A BIRTH. A 74886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reba Fischer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 29 1892

4. Place of Birth, (Street and Number) 132 S High St

5. Full Name of Mother, Rosa

6. Mother's Maiden Name, Kozin

7. Mother's Birthplace, Russia Poland

8. Full Name of Father, Isador Fischer

9. Father's Occupation Carpenter

10. Father's Birthplace, Roumania

Name of Medical Attendant, or other person who makes this Return, Pauline Fischer

Address, 207 S High St.

Remarks, 18920004688

beer conferred) its sex, color, the full name and the practitioner in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1892-1893-8

RETURN OF A BIRTH. 14476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 7 '92
4. *Place of Birth, (Street and Number)*	1109 Hatton Ave
5. *Full Name of Mother,*	E G Smith Adams
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jas L Sr Adams
9. *Father's Occupation*	Brush Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Caroline L Heller
Address,	1105 Walbert St
Remarks,	

6920004689

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec 9. 1892
4. *Place of Birth, (Street and Number)*	2339 Madison Ave
5. *Full Name of Mother,*	Mrs Lizzie Cochran
6. *Mother's Maiden Name,*	Thomas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph L Cochran
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Baltimore ?
Name of Medical Attendant, or other person who makes this Return.	Dr R. Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

8920000416900

GEO. J. C. SULLANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the maiden name of the mother. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or by the person required, and third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner, it shall be the duty of the person above required, and attendance upon the mother, immediately thereafter to report the same to the Commissioner of Health, in the manner child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 14 '92
4. *Place of Birth, (Street and Number)* 226 N. Bond St
5. *Full Name of Mother,* Ellen Langmead
6. *Mother's Maiden Name,* " Kane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred E Langmead
9. *Father's Occupation* Cars
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Mills

Address, 1005 Walker St

Remarks,

8920004691

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 17 92
4. *Place of Birth, (Street and Number)* 2328 Monument St
5. *Full Name of Mother,* Elizabeth Clausing
6. *Mother's Maiden Name,* Pistinger
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* Christian Clausing
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1626 Walker St

Remarks,

692 0004692

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Practitioner or midwife, or should no other person be in shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E 44479.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 21 '92
4. Place of Birth, (Street and Number) 1259 Madison St.
5. Full Name of Mother, Josephine Murphy
6. Mother's Maiden Name, " Duff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Murphy
9. Father's Occupation Cattle dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walbrook St

Remarks,

8920004693

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 22. 94

4. Place of Birth, (Street and Number) 2004 E. Pratt St.

5. Full Name of Mother, Mrs. Ida Ellsworth Roberts Byrd

6. Mother's Maiden Name, Wife " " Roberts

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Capt. John Bailey Byrd

9. Father's Occupation, Mariner

10. Father's Birthplace, Insurance Co. in U. S. Custom House Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Todd E. Balto

Address, Natural delivery

Remarks, 8 9 2 0 0 1 0 4 6 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any be in attendance upon the mother, Commissioner of Health. In the manner and of midwifery, or should no other person of such child to report its birth to the who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4448.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 23 1892
4. Place of Birth, (Street and Number) Baltimore Co 334 So Stre
5. Full Name of Mother, Annie M. Spellar.
6. Mother's Maiden Name, Annie M. Perry
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas H. Taylor.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Manning

Address, 414 So Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8920004695

Sworn to before me this 27 day of Dec 1892

Wm J C Dulany

Wm J C DULANY CO CITY PRINTERS AND STATIONERS.

Every midwife, physician or other person who shall attend upon any birth shall, within the period of ten days after the birth, make a return thereof to the Commissioner of Health, which return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same shall be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of each child, (if any shall have been conferred) its said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 44482.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 23rd 1892
4. *Place of Birth, (Street and Number)*	707 St. Paul St
5. *Full Name of Mother,*	Maud Hicks
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	New York State
8. *Full Name of Father,*	Hicks
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Thomas L. Shearer
Address,	345 N. Charles St
Remarks,	Mother of child as a domestic at above address 8 9 2 0 0 0 4 6 9 6

month, and shall set forth as far as the same c… ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and … on of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the … ner in the form of a certificate between the first and third day of each and every month to the office of the … commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 44483

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 24th, 1892
4. Place of Birth (Street and Number)	# 1813 Alice Anna St.
5. Full Name of Mother	Kate Lauenstein
6. Mother's Maiden Name	Kate Miener
7. Mother's Birthplace	City
8. Full Name of Father	Herman Lauenstein
9. Father's Occupation	Saloon-Keeper
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	* 1709 Alice Anna St.
Remarks	

8920004697

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, born or not, the full name, nativity, and residence born, its or their physical condition, whether still of the mother of such child or children. of the parents, and the maiden name

RETURN OF A BIRTH. A 64484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 26 '92
4. *Place of Birth, (Street and Number)* 2428 E Monument St
5. *Full Name of Mother,* Emma Muller Kreiber
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Hessen Nassau
8. *Full Name of Father,* Otto
9. *Father's Occupation* Germany
10. *Father's Birthplace,* Carl Muller

Name of Medical Attendant, or other person who makes this Return, 1105 Walbert St.

Address,

Remarks, 8920004698

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st Dec 1892

4. Place of Birth, (Street and Number) 415 Fleet St

5. Full Name of Mother, Annie Dorsheffsky

6. Mother's Maiden Name, Annie Bauer

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Dorsheffsky

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Petersonsen

Address, 42 Albemarle St

Remarks,

8920004699

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwife shall set forth FULL NAME as the same can be ascertained. Physician shall state on each child, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other similar penalties and forfeitures are recoverable.
1892

RETURN OF A BIRTH. A 4486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 3rd 1892
4. *Place of Birth, (Street and Number)*	Cor. Preston St. & Linden Ave
5. *Full Name of Mother,*	Laura Hancock
6. *Mother's Maiden Name,*	Laura Ford,
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Josiah Hancock
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Charles Co. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	S. W. Cor. Calvert & Preston Sts,
Remarks,	

1892

1892 0 0 0 4 7 0 0

month, and shall set forth as far as the same can be ascertained the [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

44487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Dec 1892
4. Place of Birth, (Street and Number) 1 East 4th
5. Full Name of Mother, Rose G. Goldstein
6. Mother's Maiden Name, Levin
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Goldstein
9. Father's Occupation Cigar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Klemmer

Address, 72 Altamont St.

Remarks,

8920004701

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* 10 Dec 1892
4. *Place of Birth, (Street and Number)* 29 N. Eden St
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* Riddel
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Hall
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Lehman

Address, 42 Allendale St.

Remarks,

8 9 2 0 0 0 4 7 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Dec 1892
4. *Place of Birth, (Street and Number)* 118 Market Space
5. *Full Name of Mother,* Jennie Friedman
6. *Mother's Maiden Name,* Passerman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Friedman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Shapiro

Address, 142 Albemarle St

Remarks,

8920004703

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-9-56

RETURN OF A BIRTH. 4490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Goldie Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... youth

1. *Sex, (state whether male or female)* ..... Female

2. *Race or Color, (if not of the white race)* ..... White

3. *Date of Birth,* ..... 18th Dec 1892

4. *Place of Birth, (Street and Number)* ..... 210 S. Wright St

5. *Full Name of Mother,* ..... Leah Cohen

6. *Mother's Maiden Name,* ..... Levi

7. *Mother's Birthplace,* ..... Russia

8. *Full Name of Father,* ..... Harris Cohen

9. *Father's Occupation* ..... Tailor

10. *Father's Birthplace,* ..... Russia

Name of Medical Attendant, or other person who makes this Return, ... E. Blumenthal

Address, ... 412 Allendale St

Remarks, ...

1892000470 4

Wm. J. C. Dulany Co., City Printers and Stationers.

4491.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 Dec 1892
4. Place of Birth, (Street and Number) 1028 Hartlove St
5. Full Name of Mother, Lena Apeckze
6. Mother's Maiden Name, Pennansky
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Apeckze
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schesnack

Address, 42 Aisquith St

Remarks,

+ 8 9 2 0 0 0 4 7 0 5

Wm. J. C. Dulany Co., City Printers and Stationers

...ed for each child, (if any shall have ...(its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parent in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office of the Commissioner of ...shall occur without the attendance of a physician or practitioner of ...er of midwifery, or should no other person be in ...become and within the period above required, and ...manner and with the provisions of this section shall be sub... ...child to report its birth to the Commissioner of Health, in the manner ...with the provisions of this section shall be sub... ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 4497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 28 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Dec 1892
4. Place of Birth, (Street and Number) 116 N Gonzales St
5. Full Name of Mother, Esther Liff
6. Mother's Maiden Name, Caldwell
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Liff
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Isbrandtsen

Address, 72 Allendale St

Remarks, 1892000047 06

Wm. J. C. Dulany Co., City Printers and Stationers.

OVER-NAME ADDED 2-13-56

RETURN OF A BIRTH 44493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Evelyn Hilton Reed

2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

December 17th 1892

3. Date of Birth,

1015 Milton Place

4. Place of Birth, (Street and Number)

Emma Pauline Reed

5. Full Name of Mother,

Emma Pauline Sheeted

6. Mother's Maiden Name,

Burlington Indiana

7. Mother's Birthplace,

Elmer Hilton Reed

8. Full Name of Father,

Teacher

9. Father's Occupation,

Baltimore County

10. Father's Birthplace,

P. S. Field M.D.

Name of Medical Attendant, or other person who makes this Return,

642 N Fulton Ave

Address,

Remarks,

B 9 2 0 0 0 4 7 0 7

shall occur without the attendance of a physician or practitioner of said city, of the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH A 1144 94.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 18th 1892
4. Place of Birth, (Street and Number) 1319 N. Carey St
5. Full Name of Mother, Nellie McConnell
6. Mother's Maiden Name, Nellie Sorrell
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, William McConnell
9. Father's Occupation, Travelling Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Amanda J. Stromi, Mad

Address, 871 Harlem Ave

Remarks, Full name of child - Ethel M. McConnell

8920004708

Penalty, etc. shall be issued for the [illegible] ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. KELLY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 18th. 1892
4. *Place of Birth, (Street and Number)*	818 N. Central Ave.
5. *Full Name of Mother,*	Augusta Draner
6. *Mother's Maiden Name,*	Augusta Hartung,
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Thomas Draner
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D
Address,	S. W. Cor. Calvert & Preston St.
Remarks,	

8920004709

month and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 21st 1892
4. Place of Birth, (Street and Number) No. 310 Baltimore St extended
5. Full Name of Mother, Mary Witzler
6. Mother's Maiden Name, Mary Weil
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Witzler
9. Father's Occupation, Tailor
10. Father's Birthplace, Lebanon Co. Pa.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1892 0004710

been conferred) its sex, color, the full name and occupation of parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 21 1892

4. Place of Birth, (Street and Number) 173 Frank St

5. Full Name of Mother, Maggie J. Strauss

6. Mother's Maiden Name, Maggie J. Nicol

7. Mother's Birthplace, Balto City.

8. Full Name of Father, F. M. Strauss

9. Father's Occupation Insurance Man

10. Father's Birthplace, Cleveland Ohio

Name of Medical Attendant, or other person who makes this Return, Mary E. Donaghy.

Address, 1903 Bond St.

Remarks, 8920004711

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 21st. 1892
4. *Place of Birth, (Street and Number)*	1028 Valley St.
5. *Full Name of Mother,*	Mary P. Vogelsin
6. *Mother's Maiden Name,*	Mary P. Trussell
7. *Mother's Birthplace,*	Pittsylvania, Virginia
8. *Full Name of Father,*	Chas. Vogelsin
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D
Address,	S. W. Cor. Preston & Calvert St.
Remarks,	

+ 8 9 2 0 0 0 4 7 1 2

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 22nd.
4. Place of Birth, (Street and Number) 701 Ensor St
5. Full Name of Mother, Carolina Sadler Lowe
6. Mother's Maiden Name, Carolina Sadler
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas Lowe
9. Father's Occupation, Statiner
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, Calvert and Preston Sts.

Remarks,

+ 8 9 2 0 0 0 4 7 1 3

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4500.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 20th
4. Place of Birth, (Street and Number) 612 Fremont St
5. Full Name of Mother, Julia A Proffen
6. Mother's Maiden Name, Julia A Pfaff
7. Mother's Birthplace, Virginia
8. Full Name of Father, Ferdinand Proffen
9. Father's Occupation, Cabinet-Maker
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Hellyonda Clyde

Address, 64 E Lee St

Remarks, B 9 2 0 0 0 4 7 1 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec 23rd 1892
4.	*Place of Birth, (Street and Number)*	Baltimore Md 1928 Wilkens Ave
5.	*Full Name of Mother,*	Rosa Lenton
6.	*Mother's Maiden Name,*	Rosa Williams
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	William H Lenton
9.	*Father's Occupation,*	Fireman
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Downing
	Address,	414 S Wolfe Baltimore Md
	Remarks,	Mother and child are doing well

1892000471 5

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

The Health Officer shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. L 4502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 26th
4. Place of Birth, (Street and Number) 1701 Druid Hill Ave
5. Full Name of Mother, Harriet L. Hamblin
6. Mother's Maiden Name, " Pillsbury
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, George Hamblin
9. Father's Occupation, Fireman B & O. R. R
10. Father's Birthplace, Culpeper Co Va

Name of Medical Attendant, or other person who makes this Return. Truman F Hill

Address, 1401 W Fayette St

Remarks,

1892 0004716

month, and shall set forth as far as the same can be ascertained the full name and ... of birth; and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892 DEC 28

GEO. J. O. SULASKY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 26 1943 P.M.
4. Place of Birth, (Street and Number) 1746 E. North ave
5. Full Name of Mother, Elizabeth Catharine Kerraghty
6. Mother's Maiden Name, " " Hill
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Joseph Kerraghty
9. Father's Occupation, Barrel Maker
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Laura E. Whittstadt M.D.

Address, 729 Aisquith Street

Remarks, Delivered with Forceps

8920004717

SAFETY FILM

RETURN OF A BIRTH. A 114504.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Monday Dec. 26th 1892
4. *Place of Birth, (Street and Number)* 1123 Dike Monongahela Court
5. *Full Name of Mother,* Mary Lawson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Lawson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane West

Address, 1804 Stirling Street

Remarks,

1892000047 18

month, and shall set forth as far as the same can be [illegible] its, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its [illegible] form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner [illegible] of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A #4506.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, [illegible] report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, [illegible] and color of the child or children born, its or their physical condition, whether still born or not, [illegible] full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Dec. 6th 1892,
4. Place of Birth (Street and Number)	1402 Holbrook st,
5. Full Name of Mother	Kate Colbert,
6. Mother's Maiden Name	Kate Callahan,
7. Mother's Birthplace	Balto City,
8. Full Name of Father	Robt. B. Colbert,
9. Father's Occupation	Produce Merchant,
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Lee M.D.
Address	920 N. Broadway
Remarks	

1892000471 9

RETURN OF A BIRTH. A 44506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 9th 92

4. Place of Birth, (Street and Number) 1316 N. Dustan

5. Full Name of Mother, Etta Brady

6. Mother's Maiden Name, Etta Thomas

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Adolph Brady

9. Father's Occupation Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D. E. Prissel

Address, 413 W Lexington St

Remarks,

1 8 9 2 0 0 0 4 7 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored race
3. *Date of Birth,*	Dec 12 1892
4. *Place of Birth, (Street and Number)*	Baltimore Macubbin street 17 n.
5. *Full Name of Mother,*	Priscilla Barrett
6. *Mother's Maiden Name,*	Priscilla Ross
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Samuel J Barrett
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Geo. Anna Brooks
Address,	No 1452 Mullikin Street
Remarks,	no remark.

1892 DEC 29

1892000044721

month, and shall set forth as far as he can ascertain the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable.

GEO. J. C. GULASBY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Dec 13 th 1892
4. *Place of Birth, (Street and N[illegible])* 502
5. *Full Name of Mother,* Maggie Barber
6. *Mother's Maiden Name,* Maggie sisco
7. *Mother's Birthplace,* Northampton Co Va
8. *Full Name of Father,* William f Barber
9. *Father's Occupation,* fireman
10. *Father's Birthplace,* St Marys Co

Name of Medical Attendant, or other person who makes this Return, Charlottie Williams

Address, 910 Aisden — Hall st

Remarks, five Dollars

1892 D28

1 8 9 2 0 0 0 4 7 2 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 16th 192
4. *Place of Birth, (Street and Number)*	#1133 Gorsuch Ave
5. *Full Name of Mother,*	Mary Kautz
6. *Mother's Maiden Name,*	Hecker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Kautz
9. *Father's Occupation*	Stonecutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Rosa Illegible
Address,	#1038 E. Monument St.
Remarks,	

1 8 9 2 0 0 0 4 7 2 3

Wm. J. C. Dulany Co., City Printers and Stationers

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 11-25-57

RETURN OF A BIRTH. A 44370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* ~~Female~~

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 18th 1892

4. *Place of Birth, (Street and Number)* 333 Dean St

5. *Full Name of Mother,* Alice E Leamann

6. *Mother's Maiden Name,* Alice E Webb

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* John F Leamann

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W F Phillips

Address, 753 W Lexington

Remarks,

+ 8 9 2 0 0 0 4 7 2 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Dec 19 1892
4. Place of Birth, (Street and Number) Baltimore Edmondson Court 1407
5. Full Name of Mother, Josephine Loveday
6. Mother's Maiden Name, Josephine Guess
7. Mother's Birthplace, Baltimore M.D
8. Full Name of Father, Daniel J. H. Loveday
9. Father's Occupation, Coal Driver
10. Father's Birthplace, Eastern Shore M.D

Name of Medical Attendant, or other person who makes this Return. George Anna Brooks

Address, No 1732 Mulliken Street

Remarks, Mother Sister

1892 00047 25

month, and shall set forth as far as the same can be ascertained the full name of each child to whom a birth has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

beca conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 74577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 20th 1892
4. *Place of Birth, (Street and Number)*	1174 Johnson
5. *Full Name of Mother,*	Josephine Gillespie
6. *Mother's Maiden Name,*	Josephine Simmons
7. *Mother's Birthplace,*	Staunton Va
8. *Full Name of Father,*	Wm A Gillespie
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Dr F Phillips
Address,	733 N Lexington
Remarks,	

1892 0004726

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	December 20th. 92.
4. *Place of Birth, (Street and Number)*	916 Valley St.
5. *Full Name of Mother,*	Maggie O'Brien.
6. *Mother's Maiden Name,*	M. McCourt.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John P. O'Brien.
9. *Father's Occupation*	Printer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Dena Hillegeist.
Address,	1038 East Hamburg St.
Remarks,	

1 8 9 2 0 0 0 4 7 2 7

months, who shall not forth with as the same can be ascertained, the full name, each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and in the manner provided. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with

Wm. J. C. Dulany Co., City Printers and Stationers

14314.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 21st 92
4. *Place of Birth, (Street and Number)*	1123 N. Eldersley St.
5. *Full Name of Mother,*	Fannie Myerberg
6. *Mother's Maiden Name,*	" Sonkanowsky
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Simon Myerberg
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hera Hillegeist
Address,	1038 E. Monument St.
Remarks,	

1892000004728

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation, of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Attendant or Petitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person become in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

44676

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or alive, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name	Mildred Charlotte Stuckrath (Stuckrath)
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Dec 21st 1892,
4. Place of Birth (Street and Number)	1724 Collington Ave,
5. Full Name of Mother	Elizabeth Stuckrath,
6. Mother's Maiden Name	Elizabeth Rose,
7. Mother's Birthplace	Balto City
8. Full Name of Father	Andrew Stuckrath.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Dr. B. Ley Lee M.D.
Address	920 N. Broadway
Remarks	

1892000472 9

RETURN OF A BIRTH. A 44676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Dec. 21, 1892
4. Place of Birth, (Street and Number) Baltimore, Mulliken N 1509
5. Full Name of Mother, Mary Francis Elizabeth Brooks
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Walter Patterson
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Fairmount M.D.

Name of Medical Attendant, or other person who makes this Return. Georgia Anna Brooks

Address, No 1552 Mulliken Street

Remarks, No remarks

1892 00047730

month, and shall set forth as far as the same can be ascertained the full name of each child (if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 22 / 92
4. *Place of Birth, (Street and Number)*	#711 Hanover Ave.
5. *Full Name of Mother,*	Mary Ann Mitchell
6. *Mother's Maiden Name,*	O'Malley
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Eugene B. Mitchell
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hannah Hillegeist
Address,	#1038 E. Hanover St.
Remarks,	

1 8 9 2 0 0 0 4 7 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 24/42
4. Place of Birth, (Street and Number) 2127 Caston Ave.
5. Full Name of Mother, Mary Lizzie Bachman
6. Mother's Maiden Name, Mary Lizzie Ber-Kemeier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Bachman
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Martin Lappe M.D.

Address, Caston Ave & Boston St.

Remarks,

1892000 4732

Wm J C. Dulany Co., City Printers and Stationers.

bees conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the parent, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Femal
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec 24th 1892
4.	*Place of Birth, (Street and Number)*	1003 S. Sharp st
5.	*Full Name of Mother,*	Martha Firanzke
6.	*Mother's Maiden Name,*	Martha Sanders
7.	*Mother's Birthplace,*	Viginia
8.	*Full Name of Father,*	James Frank
9.	*Father's Occupation,*	Buchter x Pedler
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Charlottie Williams
	Address,	910 Leaden - Hall st
	Remarks,	five dollars

1892000 7733

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 44570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	Dec 26-th 1892
4. *Place of Birth, (Street and Number)*	1336 Shields alley
5. *Full Name of Mother,*	Olivia Johnson
6. *Mother's Maiden Name,*	Olivia Farmer
7. *Mother's Birthplace,*	Charles town
8. *Full Name of Father,*	Wm H. Johnson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Mason
Address,	No 537 Hanover alley
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child (if any such have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the person of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8 9 2 0 0 0 4 7 3 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 25th 1892
4. *Place of Birth, (Street and Number)*	1403 Shields alley
5. *Full Name of Mother,*	Mary Coats Kent
6. *Mother's Maiden Name,*	Mary Coats
7. *Mother's Birthplace,*	Anderald Co
8. *Full Name of Father,*	John Kent
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Talbert Co
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Anderald
Address,	No 6-37 Walnut Valley
Remarks,	

+ 8920004735

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 44577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 12/26/92.
4. Place of Birth (Street and Number), 504 N. Calvert
5. Full Name of Mother, Katherine Swarfield
6. Mother's Maiden Name, Katherine Gelsier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. H. J. Swarfield
9. Father's Occupation, Barber
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. Newton Lewis M.D.

Address, City Hospital

Remarks, O.K.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

8920004736

RETURN OF A BIRTH A 10733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8"

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 26th Dec. 92
4. Place of Birth (Street and Number), #336 N. Calvert St
5. Full Name of Mother, Margaret Ethwood Norton
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ireland
8. Full Name of Father, Benj. Ethwood
9. Father's Occupation, U.S. Navy
10. Father's Birthplace, Baltimore Co. Newton Lewis Md

Name of Medical Attendant, or other person who makes this Return. J. Newton Lewis M.D.

Address, City Hospital

Remarks, —

1892 0004737

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or no other person be in attendance upon the mother, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 445 74.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 8th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Dec. 28th 92.
4. Place of Birth, (Street and Number) 2018 Wilkins Ave.
5. Full Name of Mother, Mary E Chaney
6. Mother's Maiden Name, Mary E Price
7. Mother's Birthplace, Baltimore Co Md.
8. Full Name of Father, Charles D Chaney
9. Father's Occupation, Substitute Letter Carrier
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John J Frazier M.D.

Address, 662 W Lexington St.

Remarks,

1892000473 8

DEC 23 1892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edna Hensler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	1 December 1892.
4. Place of Birth, (Street and Number)	509 Ridgely St.
5. Full Name of Mother,	Annie (Bendel) Hensler
6. Mother's Maiden Name,	Annie (Dietler) Beuchler
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John (Bendel) Hensler
9. Father's Occupation	Beer Driver.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Wm Bauer
Address,	711 Lemmon St.
Remarks,	

1892000004739

CORRECTED BY BOOKKEEPER
DATE
CLERK

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44526.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* December the 1-18-92
5. *Place of Birth, (Street and Number)* Med Avenue at 19-14
6. *Full Name of Mother,* Elizabeth Mipfield
7. *Mother's Maiden Name,* Elizabeth Cockey
8. *Mother's Birthplace,* Baltimore
9. *Father's Occupation* John George ~~Baltimore~~ Mipfield driver
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant, or other person who makes this Return,* Mr E Feller
12. *Address,* 19-22 Milton Ave
13. *Remarks,*

1892000047 10

1894

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as for as the same and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and Commissioner of Health, to comply with the provisions of this section shall be subject child to report its birth to the who shall hereafter fail to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	~~December 2nd~~
3. *Date of Birth,*	December 2nd
4. *Place of Birth, (Street and Number)*	6 West St. #1
5. *Full Name of Mother,*	Fannie Neuberger
6. *Mother's Maiden Name,*	Fannie Stehr
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Moses Neuberger
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Katie Altmann
Address,	800 Leadenhall St
Remarks,	

1892 0004741

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner set within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 of December
4. *Place of Birth, (Street and Number)*	325 Forest St
5. *Full Name of Mother,*	Marie Sieblupper
6. *Mother's Maiden Name,*	Marie Sieblicht
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Sieblupper
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 West Pratt St.
Remarks,	

1892 0004742

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. Dec 2nd 92
4. Place of Birth, (Street and Number) 1134 Ridgley St Balto Md.
5. Full Name of Mother, Elizabeth Real
6. Mother's Maiden Name, Elizabeth Slaughter
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph Real
9. Father's Occupation Cooper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 Cross St

Remarks,

8 9 2 0 0 0 4 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

44530.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 4, 1892
4. *Place of Birth, (Street and Number)*	100 S. Arlington Ave.
5. *Full Name of Mother,*	Clara E. Nagle
6. *Mother's Maiden Name,*	High
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph F. Nagle
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Hood, M.D.
Address,	1312 Harlem Ave.
Remarks,	

8920004744

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, still born, and the date and place of birth; and the full name and occupation of its parents, the certificate between the first and third day of each and every month of a physician or practitioner in the city of Baltimore. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the city of Baltimore. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1013

WM. A. S. SHLAUFF & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 44632.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No 1893

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 4, 1892.

4. Place of Birth, (Street and Number) 144 Chestnut ave.

5. Full Name of Mother, Annie C. Culver.

6. Mother's Maiden Name, Barth

7. Mother's Birthplace, Pa.

8. Full Name of Father, Chas. H. Culver

9. Father's Occupation, Collector.

10. Father's Birthplace, Md.

Name of Medical Attenaant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1892 0004745

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of December
4. *Place of Birth, (Street and Number)*	301 Bentalou St
5. *Full Name of Mother,*	Mamie Gloss
6. *Mother's Maiden Name,*	Marie Nitz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John F. Gloss
9. *Father's Occupation*	Storekeeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 West Pratt St
Remarks,	

1892 00047 46

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. An case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Dec 4, 1892

4. Place of Birth, (Street and Number) 2423 Foster Ave

5. Full Name of Mother, Bertha Hergesman

6. Mother's Maiden Name, Bertha Krance

7. Mother's Birthplace, Germany

8. Full Name of Father, George Hergesman

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 726 Eugene St

Remarks,

8 9 2 0 0 0 4 7 4 7

1892

If any person conceal the birth of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 4th 1892
4. *Place of Birth, (Street and Number)* 1311 West st.
5. *Full Name of Mother,* Laura Catherine Breighner
6. *Mother's Maiden Name,* Laura C. Stotler
7. *Mother's Birthplace,* Morgan Co. W. Va.
8. *Full Name of Father,* Francis Xavier Breighner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* York Co. Pa.

Name of Medical Attendant, or other person who makes this Return

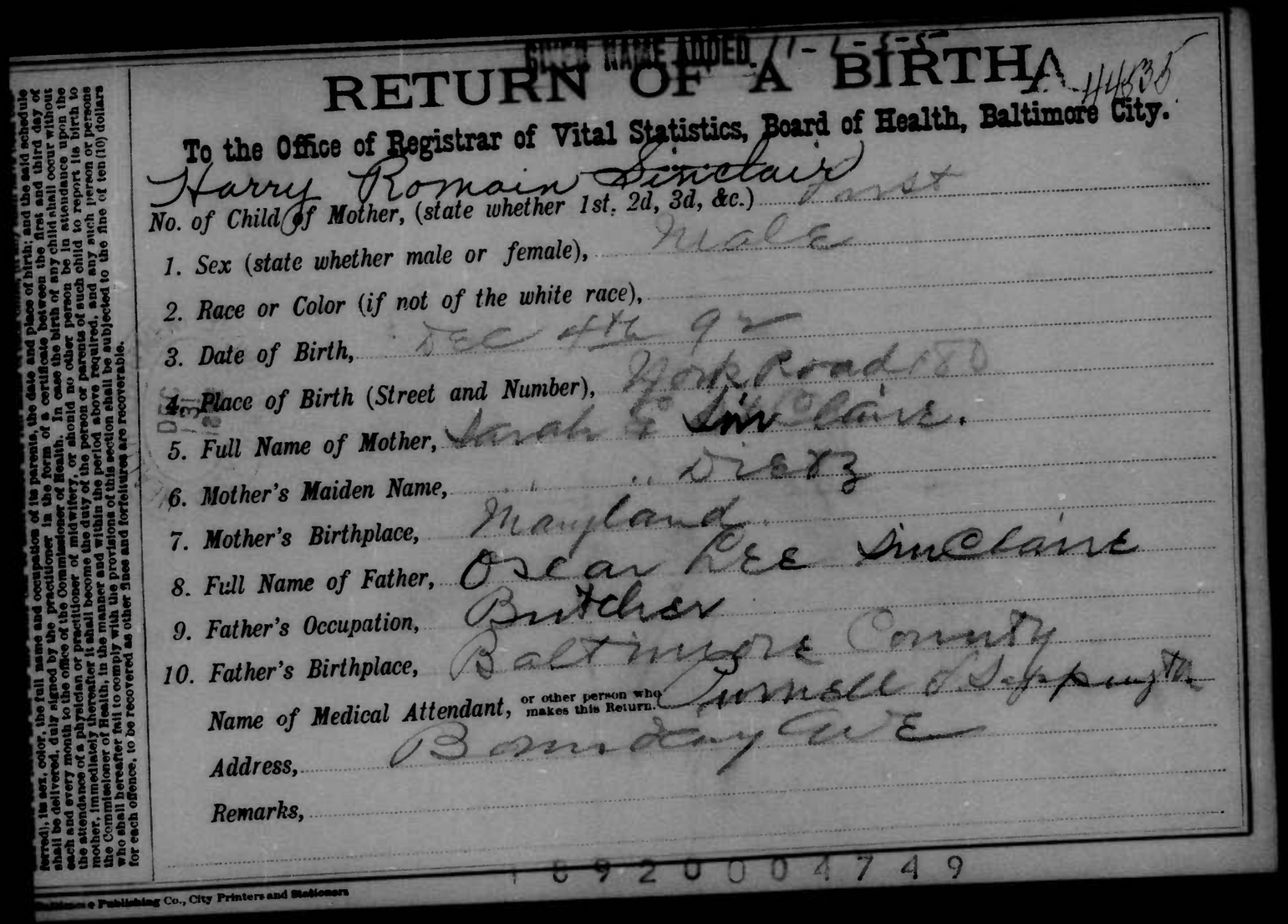
Address, Mrs Mc G Shockney

Remarks, 731 Cumberland St

1892000047 48

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.



SINGLE MARRIED 11-6-95

RETURN OF A BIRTH A-44835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Romain Sinclair

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 4th 95

4. Place of Birth (Street and Number), York Road near Belvidere

5. Full Name of Mother, Sarah E Sinclaire.

6. Mother's Maiden Name, Dietz

7. Mother's Birthplace, Maryland

8. Full Name of Father, Oscar Lee Sinclaire

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Cornell C Stephenson M.D.

Address, Boundary Ave

Remarks,

1 0 9 2 0 0 0 4 7 4 9

(Sworn), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 44536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 4, 1892
4. *Place of Birth, (Street and Number)* 2232 East St.
5. *Full Name of Mother,* Mary Downs
6. *Mother's Maiden Name,* Mary Barry
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Michael Downs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Lavigne

Address, 736 Lagrune St.

Remarks,

1892000047500

DEC 31 1892

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 14537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1892

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Dec 4 92
4.	*Place of Birth, (Street and Number)*	32 Mrris St
5.	*Full Name of Mother,*	Mrs Katie Brady Burns
6.	*Mother's Maiden Name,*	" "
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father*	James Burns
9.	*Father's Occupation,*	R. R.
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	E. E. Ullrich M.D.
	Address,	Lemmon Square
	Remarks,	

1892 0004751

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1892 J. C. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 6th 1892
4. Place of Birth, (Street and Number) 1512 W. Pratt St.
5. Full Name of Mother, Anne Elizabeth Albrecht
6. Mother's Maiden Name, Wiegand
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Albrecht
9. Father's Occupation, Compounder of Liquors.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with Forceps.

1892 0006752

GEO. J. O. SULAKY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 14539.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female ✓
2. Race or Color, (if not of the white race)	white ✓
3. Date of Birth,	858 W Pratt St ✓
4. Place of Birth, (Street and Number)	Dec 6th 1892 ✓
5. Full Name of Mother,	Stella Shipley ✓
6. Mother's Maiden Name,	" Bruce ✓
7. Mother's Birthplace,	Baltimore ✓
8. Full Name of Father,	Wm Shipley ✓
9. Father's Occupation,	machinist ✓
10. Father's Birthplace,	Baltimore ✓
Name of Medical Attendant, or other person who makes this Return,	Geo R Shakeman ✓
Address,	
Remarks,	

8920004753

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44340.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6. 92
4. *Place of Birth, (Street and Number)* 1919 Mt Royal Hill
5. *Full Name of Mother,* Mary Jordan
6. *Mother's Maiden Name,* Mary Reed
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jordan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. J. D. Lybrand

Address, 1214 Linwood Ave

Remarks,

8920004754

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 44571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	White Race
3. *Date of Birth,*	Dec 6 1892
4. *Place of Birth, (Street and Number)*	No 137 Romney St
5. *Full Name of Mother,*	Margret Corbey
6. *Mother's Maiden Name;*	Margret Bryne
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Patrick H Corbey
9. *Father's Occupation*	Mining Foreman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Bunge
Address,	711 Cross St
Remarks,	

8 9 2 0 0 0 4 7 5 5

...shall be set forth as far as the same can be ascertained the full name of each child registered) its sex, color, the full name and occupation of its parents, the date and place of ... schedule shall be delivered, duly signed by the practitioner in the form of a certificate between ... day of each and every month to the office of the Commissioner of Health. In case the birth ... occur without the attendance of a physician or practitioner of midwifery, or should no other ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... City Register and Statistician.

RETURN OF A BIRTH 14547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December the 6th
4. *Place of Birth, (Street and Number)*	Baltimore No 716 West Mar[illegible]
5. *Full Name of Mother,*	Annie M. Johnson
6. *Mother's Maiden Name,*	Annie M Hayslup
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Johnson
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Castleford York Shire England
Name of Medical Attendant, or other person who makes this Return,	Miss Bangle
Address,	711 Green St
Remarks,	8920004756

The Board of Health will forward a blank for this return when notified that a birth has occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44543.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilmar Eberhardt Jurgensen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Dec. 7th 1892
4. Place of Birth, (Street and Number)	2209 Bank Street
5. Full Name of Mother,	Clara Maria Jurgensen Hermann
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Flensburg, Denmark
8. Full Name of Father,	Samuel Jurgensen
9. Father's Occupation,	Sönderburg, Denmark Interpreter
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	James G. Thomas M.D.
Address,	20 E. Fayette Street Ave.
Remarks,	OTHER NAME ADDED. 2-19-53

1892000475 7

MONTH, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NOV 14 1893

RETURN OF A BIRTH. A 44044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) American & white

3. Date of Birth, December 7th 92

4. Place of Birth, (Street and Number) Baltimore Gilmore St 1620

5. Full Name of Mother, Maggie Wheeler

6. Mother's Maiden Name, Maggie Shepherd

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas E Wheeler

9. Father's Occupation Cigar Examinator

10. Father's Birthplace, Caroline County Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mc L Blackerby

Remarks, 721 Cumberland St

1892000 4758

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 14545.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 18 1892
4. *Place of Birth, (Street and Number)*	1215 William St
5. *Full Name of Mother,*	Kate Hasselberger
6. *Mother's Maiden Name,*	Kate Brown
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Ferdinand Hasselberger
9. *Father's Occupation*	Candy Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1525 Light St
Remarks,	Dang Well

8920004759

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 8th. 1892
4. *Place of Birth, (Street and Number)*	638 Cider Alley
5. *Full Name of Mother,*	Lucy West.
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. L. Eley M. D.
Address,	622 N. Edmondson st.
Remarks,	

1892 00044760

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	8 Dec 1893
4. *Place of Birth, (Street and Number)*	1109 Carlton St
5. *Full Name of Mother,*	Harriet Brown
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	West River Md
8. *Full Name of Father,*	Elisah Brown
9. *Father's Occupation*	Oyster Farmer
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this, Return,	Mary A Davis
Address,	1121 Saratoga St
Remarks,	

1892000476 1

month, and shall set forth safar as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 146748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 8th
4. *Place of Birth, (Street and Number)*	Baltimore St. 531 West Corner of Stark
5. *Full Name of Mother,*	Mary A Jubb
6. *Mother's Maiden Name,*	Mary A Hancock
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles P. Jubb
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangle
Address,	711 Ervin St.
Remarks,	

6 9 2 0 0 0 4 7 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Attest.—This certificate must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race)

3. Date of Birth, 8 40/4 P.M. 12/8th/92

4. Place of Birth, (Street and Number) 134 Montgomery st Balt

5. Full Name of Mother, Frederick Stroebe

6. Mother's Maiden Name, Palm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas C. Stroebel

9. Father's Occupation Lead Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Hirsch

Address, 806 Leadenhall St

Remarks,

8 9 2 U 0 0 4 7 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon its birth to the Commissioner of Health, or should no other parents of such child to report, it shall become the duty of the person or parents required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-11-52

A 44630.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Anna May Rumney 4
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* December 8 1937
5. *Place of Birth, (Street and Number)* Baltimore Maryland St 837
6. *Full Name of Mother,* Lizzie Jane Rumney
7. *Mother's Maiden Name,* Lizzie Jane Nelkins
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* William Wallace Rumney
10. *Father's Occupation* B & O R R Trucker
11. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 Cross St.

Remarks, 6920004764

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance or by the mother, to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall be the duty of the person above required, and in the absence of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, immediately thereafter to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4457.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8. th 1892
4. Place of Birth, (Street and Number) 2349 E. North Ave.
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, - - Shipley
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Smith
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave. City

Remarks, none

1892000047765

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44662.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 18 93

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, December 8th,
4. Place of Birth, (Street and Number) No. 559 N. Chester St.,
5. Full Name of Mother, Lillie Spence,
6. Mother's Maiden Name, Sparks,
7. Mother's Birthplace, Maryland,
8. Full Name of Father, Richard Spence,
9. Father's Occupation, Clerk,
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Thos. F. Alderdice M.D.

Address, N. 721 Columbia Ave.

Remarks,

B 9 2 0 0 0 4 7 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...tained the full name of each child, if any shall have ...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...sioner of Health. In case the birth of any child ...oner of midwifery, or should no other person be in ...ll become the duty of the period above required, and ...e manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44 533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th of December
4. *Place of Birth, (Street and Number)* 324 Forest St
5. *Full Name of Mother,* Mairise Müller
6. *Mother's Maiden Name,* Mairise Braschanski
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* August Müller
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2016 West Pratt St.

Remarks,

1892000 4767

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) .....

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) .....
3. *Date of Birth,* Dec. 9/92
4. *Place of Birth,* (Street and Number) 201 N. Gay St.
5. *Full Name of Mother,* Mollie Streets,
6. *Mother's Maiden Name,* " McDermot,
7. *Mother's Birthplace,* Balto. City, Md.
8. *Full Name of Father,* Peter Streets
9. *Father's Occupation,* Laborer,
10. *Father's Birthplace,* Balto. City Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Mutnick, M.D.

Address, 406 N Exeter St.

Remarks, ...

1892 00047768

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 9 1892
4. Place of Birth, (Street and Number) No 918 Cedar st
5. Full Name of Mother, Henrietta E King
6. Mother's Maiden Name, Henrietta E parker
7. Mother's Birthplace, Lamon Hill Md
8. Full Name of Father, Geo H. E. King
9. Father's Occupation, Tailor
10. Father's Birthplace, Princess Anne Md

Name of Medical Attendant, or other person who makes this Return. Sarah Betts

Address, 2206 Eutaw pl

Remarks, 1892000 4769

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Lite
3. *Date of Birth,*	9 December 1892
4. *Place of Birth, (Street and Number)*	336 Hanover St
5. *Full Name of Mother,*	Maggie M Mc Kew
6. *Mother's Maiden Name,*	Maggie Mc Hatty
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	William J C Mc Kew
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	823 Light St
Remarks,	Reg Well

1 8 9 2 0 0 0 4 7 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 31 1892

RETURN OF A BIRTH. A 14437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Dec 9, 1892
4. Place of Birth, (Street and Number) 18 S Eastern Ave.
5. Full Name of Mother, Annie Rose
6. Mother's Maiden Name, Annie Sweeney
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Rose
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Sweeney

Address, 216 Lafayette Ave.

Remarks,

1 3 9 2 0 0 0 4 7 7 1

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 December
4. *Place of Birth, (Street and Number)* 1643 Hanover St.
5. *Full Name of Mother,* Mary Rausch
6. *Mother's Maiden Name,* Mary Hornig
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Herman Rausch
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Deutsch

Address, 500 Loudenhill St

Remarks,

1892000 4772

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 19 1892

4. *Place of Birth, (Street and Number)* 2428 Gusten Ave

5. *Full Name of Mother,* Barbara Kraft

6. *Mother's Maiden Name,* Barbara Smith
Balto.

7. *Mother's Birthplace,*

8. *Full Name of Father,* Jacob Kraft

9. *Father's Occupation,* Carrier
Balto.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary E Sweeney

Address, 726 Laguna St.

Remarks,

1892000 4773

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Dec 10. 92
4. Place of Birth, (Street and Number) 230 Fairmount Ave.
5. Full Name of Mother, Elizabeth Wilson Sullivan
6. Mother's Maiden Name, E. Wilson
7. Mother's Birthplace, Deals Island, Md.
8. Full Name of Father, Capt Harry Sullivan
9. Father's Occupation, Mariner
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, G. A. Lurk Grad,

Address, 1202 E. Baltimore St.

Remarks, Natural delivery

8 9 2 0 0 0 4 7 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. F 44601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1892
4. Place of Birth, (Street and Number) 515 N. Fulton Ave
5. Full Name of Mother, Carrie Landstreet
6. Mother's Maiden Name, Shipley
7. Mother's Birthplace, Balto.
8. Full Name of Father, Enoch T. Landstreet
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, John Neff

Address, 701 N. Carrollton Ave

Remarks,

1892000 4775

Wm. J. C. Dulany Co., City Printers and Stationers.

...months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th 1892
4. Place of Birth, (Street and Number) 1541 S Charles St
5. Full Name of Mother, Ella Christopher
6. Mother's Maiden Name, Brimline
7. Mother's Birthplace, Balto
8. Full Name of Father, William H. Christopher
9. Father's Occupation Engineman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 S Eutaw ave

Remarks,

T 6 9 2 0 0 0 4 7 7 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4663.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 6th
4. Place of Birth, (Street and Number)	1726 brunt st balto
5. Full Name of Mother,	Mary Shaffer
6. Mother's Maiden Name,	Evans
7. Mother's Birthplace,	Woodinz Carroll Co md
8. Full Name of Father,	Andrew Shaffer
9. Father's Occupation,	dayman
10. Father's Birthplace,	fred Carroll Co.
Name of Medical Attendant, or other person who makes this Return.	Mary Beth
Address,	Dorah E Det
Remarks,	2206 Ellwing

B 9 2 0 0 0 4 7 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the matter of the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 14564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 11th 1892
4. Place of Birth, (Street and Number) 910 N. Stricker St.
5. Full Name of Mother, Eva Bergen
6. Mother's Maiden Name, Gardner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robt. E. Lee Bergen
9. Father's Occupation Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, John Stifft M.D.

Address, 76 St. Caroline

Remarks,

1892 00004778

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44665.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 11th 1892
4. Place of Birth, (Street and Number) 404 Dover St.
5. Full Name of Mother, Ida Brown
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D.

Address, 627 N. Lombard St.

Remarks,

B 9 2 0 0 0 4 7 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44566.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th december 1892.
4. *Place of Birth, (Street and Number)* 1126 Rieds alley
5. *Full Name of Mother,* Hannie elizabeth
6. *Mother's Maiden Name,* Lizzie michaelis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James F. Foley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Stines

Address, 800 Leadenhall St

Remarks,

1892 0004780

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 12 1892
4. *Place of Birth, (Street and Number)*	1204 V Central ave
5. *Full Name of Mother,*	Mary Graham
6. *Mother's Maiden Name,*	" Ebright
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benj Graham
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Graham
Address,	725 Columbia ave
Remarks,	

8 9 2 0 0 0 4 7 8 1

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 December
4. Place of Birth, (Street and Number) 19 South Ann St
5. Full Name of Mother, Augusta Bier
6. Mother's Maiden Name, Auguste Rudolphine
7. Mother's Birthplace, Germany
8. Full Name of Father, Gideon Bier
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Mönch

Address, 502 Leadenhall St

Remarks,

1892 0004782

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

74569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Ella Elisabetta
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 day of December 1892
4. Place of Birth, (Street and Number) 1112 Cookie St Locust Point
5. Full Name of Mother, Marie Selma Oettel
6. Mother's Maiden Name, Marie Selma Shuhman
7. Mother's Birthplace, Sohum Georgenstald Germany
8. Full Name of Father, Max Oettel
9. Father's Occupation, Labourer
10. Father's Birthplace, Groitzsh Wilddorf Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1402 Towson St Locust Point

Remarks,

1893

8920004783

Wm J C. Dulany Co., City Printers and Stationers.

As the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, December 12 1892
4. Place of Birth, (Street and Number) Rear Lot No 1022
5. Full Name of Mother, Theresa Frank
6. Mother's Maiden Name, Theresa Ludwig
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph E Frank
9. Father's Occupation Weaver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 500 Lexington St

Remarks,

1892 0004784

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12 1933
4. Place of Birth, (Street and Number) 1933 Christiana St
5. Full Name of Mother, Mrs Annie Bright Clark
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Canada
8. Full Name of Father, Jas Clark
9. Father's Occupation, —
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Cullington

Address, Lemmon Apartments

Remarks,

1892000478

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4463/7

2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1847 January 21
4. *Place of Birth, (Street and Number)* 12 Dr
5. *Full Name of Mother,* Mrs Ida Bennett Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Howard Co.
8. *Full Name of Father,* Walter B Smith
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ellwood M.D.

Address, Union Square

Remarks, 1892000478 6

JAN 23 1892

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the full name and occupation of the practitioner in the form of midwifery, or other person who shall have been present at the birth, the date and place of birth; and the full name of each child, the date and place of birth, first and last name of each parent, color, sex, and number of children born to each parent, and whether the birth was single, twin, triplet, or quadruplet. In case the birth of any child shall occur without the attendance of a physician or of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the form of which he is in said schedule shall be delivered, duly signed by the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 440 73.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 12 1892
4. Place of Birth, (Street and Number)	5 W. West St
5. Full Name of Mother,	Harris H Mooney
6. Mother's Maiden Name,	Harris H Kraty
7. Mother's Birthplace,	New York
8. Full Name of Father,	Peter Mooney
9. Father's Occupation	Fur Repairer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	525 Lexington St
Remarks,	Dairy Hall
	1892000 4787

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 13th 1897

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Ida Gruber

6. Mother's Maiden Name, Md.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Elu M.D.

Address, 622 N. Lombard st.

Remarks,

18972000478 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 44573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Dec. 14th 1892

4. Place of Birth, (Street and Number) Red Gray Court Elbow Lane

5. Full Name of Mother, Sarah Jones

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard St.

Remarks,

1892 0004789

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H4096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of December
4. *Place of Birth, (Street and Number)*	429 Lulerbeth
5. *Full Name of Mother,*	Johana Bayes
6. *Mother's Maiden Name,*	Johana Belz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Bayes
9. *Father's Occupation*	Schumacher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kuehs Midwife
Address,	2116 West Pratt St
Remarks,	

+ 8 9 2 0 0 0 4 7 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 15th 1892
4. *Place of Birth, (Street and Number)* 622 N. Lombard st.
5. *Full Name of Mother,* Lizzie Cole
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

B92U004791

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 15/92
4. Place of Birth, (Street and Number) 909 Fawn St.
5. Full Name of Mother, Dora ~~Cohen~~ Hecker
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Hecker
9. Father's Occupation, Painter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. H. Mitnicky M.D.

Address, 406 N Exeter St.

Remarks,

1892 00004792

1893

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec 15th 1892.
4. *Place of Birth, (Street and Number)*	S. E Cor. 7th & Barclay Sts.
5. *Full Name of Mother,*	Laura Baines Kerns
6. *Mother's Maiden Name,*	Laura Baines.
7. *Mother's Birthplace,*	City.
8. *Full Name of Father,*	John Kerns.
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	City.
Name of Medical Attendant, or other person who makes this Return.	H. W. Webster Sr. M.D.
Address,	# 403 Hanover St. City.
Remarks,	

8 9 2 0 0 0 1 7 9 3

Health. This certificate shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 44580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	15 Dec. 1892
4. *Place of Birth, (Street and Number)*	805 N. Howard st,
5. *Full Name of Mother,*	Nannie F. C. Dawson,
6. *Mother's Maiden Name,*	Spellman
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	W. E. Dawson,
9. *Father's Occupation,*	Salesman,
10. *Father's Birthplace,*	Balto. City,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Lanvale
Remarks,	8920004794

The above return must be made as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B 144581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, December 16/92
4. Place of Birth, (Street and Number) 226 N. Hanburg st.
5. Full Name of Mother, Johannah Schmidt
6. Mother's Maiden Name, Johannah Becker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry F. Schmidt
9. Father's Occupation Insurance agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minnich

Address, 500 Sandisthall St

Remarks,

B 9 2 0 0 0 4 7 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 16 1896
4. *Place of Birth, (Street and Number)* 828 4 Mount St.
5. *Full Name of Mother,* Katie D Kirk
6. *Mother's Maiden Name,* Griffith
7. *Mother's Birthplace,* Warren Pa
8. *Full Name of Father,* Jacob E Kirk
9. *Father's Occupation* Salesman.
10. *Father's Birthplace,* Pittsburg Penn Md

Name of Medical Attendant, or other person who makes this Return, Dr A J Fetterhoff M.D.

Address, 905 4 Eutaw St

Remarks,

6 9 2 0 0 0 4 7 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, December 17, 1892.
5. Place of Birth, (Street and Number) 110 Cedar ave.
6. Full Name of Mother, Mary Ann Wallick.
7. Mother's Maiden Name, Leidner.
8. Mother's Birthplace, Pa.
9. Full Name of Father, Peter A. Wallick.
10. Father's Occupation, Railroader.
11. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8920004797

JAN 3 1893

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. # 44582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 17th 1892
4. *Place of Birth, (Street and Number)*	215 N. Bond St
5. *Full Name of Mother,*	Mary E. Maloney
6. *Mother's Maiden Name,*	" " Rogers
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Michael A. Maloney
9. *Father's Occupation*	Sanitary Inspector
10. *Father's Birthplace,*	Prince Georges Co Md
Name of Medical Attendand, or other person who makes this Return,	Mrs Josephine Kruger
Address,	2026 E. Fayette St
Remarks,	

1892000 4798

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicnet of midwifery, or should no other person be in attendance upon the mother, immediately of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday Morning the 17th Dec

4. Place of Birth, (Street and Number) 1207 Clark Alley

5. Full Name of Mother, Kate Mohl

6. Mother's Maiden Name, Weingardt

7. Mother's Birthplace, Germany

8. Full Name of Father, John Mohl

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Barry

Address, 711 Cross St

Remarks,

1892000047999

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st December 1892
4. *Place of Birth, (Street and Number)*	Hanover St 1901
5. *Full Name of Mother,*	Ida Blair
6. *Mother's Maiden Name,*	Ida Dixon
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Jacob Blair
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Penna
Name of Medical Attendant, or other person who makes this Return,	C. A. Straker
Address,	1828 Light St
Remarks,	Dairy Well

1892000048 00

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Ste
3. *Date of Birth,*	18 December 1892
4. *Place of Birth, (Street and Number)*	226 Hanover st
5. *Full Name of Mother,*	Annie Hiller
6. *Mother's Maiden Name,*	Annie Lacher
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	William Hiller
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1822 Hyde st
Remarks,	Dairy Milk

1892000048011

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1892

RETURN OF A BIRTH. A 44588.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 18th 1892
4. *Place of Birth, (Street and Number)*	1125 S Carey St
5. *Full Name of Mother,*	Mary Yealdhall Brown
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J Harry Yealdhall
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Hahn
Address,	
Remarks,	1892000 15502

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday December 18 1892
4. *Place of Birth, (Street and Number)* 2023 Etting St Baltimore
5. *Full Name of Mother,* Amanda Hunt
6. *Mother's Maiden Name,* Amanda Hebron
7. *Mother's Birthplace,* Laurel maryland
8. *Full Name of Father,* John Hunt
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Charles city virginia

Name of Medical Attendant, or other person who makes this Return, Sarah E Det 2206 Etting

Address,

Remarks, 1892000046803

have occurred under his or her care during the
same can be ascertained the
ed the full name of each child, if any shall have
f its parents, the date and place of birth; and the
er in the form of a certificate the birth of any child
said day of each and every month to the office or practitioner
third occur without the attendance of a physician or practitioner it shall become
shall occur upon the mother, immediately thereafter, in the manner
attendance upon the mother Commissioner of Health, in the manner
child to report its birth to the Commissioner of Health to comply with
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered
overed as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44591

RETURN OF A BIRTH. A 44690.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Dec. 18th 1892

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Katie Owens

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eby M. D.

Address, 1892 0622 N Lombard st.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 16, 1892.

4. Place of Birth, (Street and Number) 63 Brick Hill, Mt. Vernon.

5. Full Name of Mother, Carrie Shaffer.

6. Mother's Maiden Name, a Shaffer

7. Mother's Birthplace, Md.

8. Full Name of Father, Levank Sutherland.

9. Father's Occupation, Laborer

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

† 8 9 2 0 0 0 4 8 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

1893

...ths which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, and within the period above required, and in the manner and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44592.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 30 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Ze
3. *Date of Birth,*	19 December 1892
4. *Place of Birth, (Street and Number)*	21 Heath St
5. *Full Name of Mother,*	Mary Davis
6. *Mother's Maiden Name,*	Turner et Co
7. *Mother's Birthplace,*	Penn Shaw
8. *Full Name of Father,*	Engineer
9. *Father's Occupation*	England
10. *Father's Birthplace,*	E A Broadus
Name of Medical Attendant, or other person who makes this Return,	1525 Eutaw St
Address,	Barre Well
Remarks,	18920004806

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the practitioner in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44593.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 19th 1892
4. *Place of Birth, (Street and Number)*	603 Wyeth St
5. *Full Name of Mother,*	Emma Duchesne
6. *Mother's Maiden Name,*	" Wright
7. *Mother's Birthplace,*	Massachusetts
8. *Full Name of Father,*	Jos C Duchesne
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Massachusetts
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	

1892000 4807

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44694.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 19th 1892.
4. Place of Birth, (Street and Number) 137 W. Hill St.
5. Full Name of Mother, Elizabeth Papa.
6. Mother's Maiden Name, " Conrad
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Henry R. Papa.
9. Father's Occupation, Cigar Box-maker.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall, M.D.

Address, 524 Sharp St

Remarks,

1892 00041888

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 14595.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, December 19, 1892.
5. Place of Birth, (Street and Number) 230 Cedar ave.
6. Full Name of Mother, Mollie L. Hobson.
7. Mother's Maiden Name, Hackley.
8. Mother's Birthplace, Va.
9. Father's Occupation, Richard H. Hobson.
10. Father's Birthplace, Railroading Va.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1892 CITY

10920004809

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 25 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	December 19, 1892.
4. Place of Birth, (Street and Number)	2115 N. Calvert St.
5. Full Name of Mother,	Lillian Olivia Elizabeth Wright.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	New Jersey.
8. Full Name of Father,	George P. Wright.
9. Father's Occupation,	Speculator.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1892 000 4810

Wm J C. Dulany Co., City Printers and Stationers.

Sec. 11. And be it further enacted, That the said schedule shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L 44597.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 December 1892
4. *Place of Birth, (Street and Number)*	1518 Olive St
5. *Full Name of Mother,*	Annie Gleason
6. *Mother's Maiden Name,*	Annie Luckless
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Gleason
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1518 Light St
Remarks,	Dairy Milk

1892 0004811

Wm. J. C. Dulany Co., City Printers and Stationers.

DEC

Note. This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1 44598.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth.* Dec 20
4. *Place of Birth, (Street and Number)* 1133 Hollins St
5. *Full Name of Mother,* Mrs Leonia Hush Blair
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm P Blair
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E. B. Wenchell MD

Address, Luzerne Apartments

Remarks,

1892000481 2

JA 1893

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 44599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 20 1892
4. *Place of Birth, (Street and Number)*	927 Columbia ave
5. *Full Name of Mother,*	Delia Ward
6. *Mother's Maiden Name,*	murphy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Jas Ward
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	

1892000046813

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 44600.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 26th 1892
4. Place of Birth (Street and Number)	641 George St
5. Full Name of Mother	Florence Friend
6. Mother's Maiden Name	Florence Keener
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles Friend
9. Father's Occupation	Stationer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M.D.
Address	661 W. Fayette St.
Remarks	

1892000481 4

RETURN OF A BIRTH. D. 44601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 20th 1892
4. *Place of Birth, (Street and Number)*	651 Wyeth St. Balto
5. *Full Name of Mother,*	Emma Louisa Conrad
6. *Mother's Maiden Name,*	" " " Noble
7. *Mother's Birthplace,*	Bremen. Germany
8. *Full Name of Father,*	Henry Conrad
9. *Father's Occupation*	Piano Maker
10. *Father's Birthplace,*	Baltimore City. Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangs
Address,	711 Cross St
Remarks,	

8920004815

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 44607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* December 20th 1892
4. *Place of Birth (Street and Number),* Bonday Ave
5. *Full Name of Mother,* Bessie Clark Lippincott Ringgold
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Connell Lippincott
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Connell Lippincott

Address, Bonday Ave.

Remarks,

0920004816

Baltimore Publishing Co., City Printers and Stationers

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 44603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 21st 1892
4. Place of Birth, (Street and Number) Mount St # 2 14
5. Full Name of Mother, Mary J Knight
6. Mother's Maiden Name, Mary J Leonard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Sherman Knight
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1927 McElderry Ave

Remarks,

1892000048 17

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L 44604.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 Decbr
4. *Place of Birth, (Street and Number)* 22½ W. Pratt st
5. *Full Name of Mother,* A. Emilie Roessler
6. *Mother's Maiden Name,* A. Emilie Krügel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. F. Roessler
9. *Father's Occupation* Hardware Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Wunder

Address, 602 Leadenhall St

Remarks,

1892000481 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 21st 1892

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Mamie Eaton

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks,

18922004819

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been confirmed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the following manner, to wit: In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

COVER TIME REDUCED 11-22-55

RETURN OF A BIRTH No. 44606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Harry John Elder 2nd.
1. Sex, (state whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	Dec. 21st 1892
4. Place of Birth, (Street and Number)	Oliver St. East of Gay
5. Full Name of Mother,	Mary Elder
6. Mother's Maiden Name,	" Holiman
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	George Elder
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	E. G. Shower, M.D.
Address,	2510 Penna. ave.
Remarks,	1892000044820

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44607.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second Child

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* December 22nd 1892

4. *Place of Birth,* (*Street and Number*) #301 West Baltimore Street

5. *Full Name of Mother,* Elizabeth Virginia Seubert

6. *Mother's Maiden Name,* Elizabeth Virginia Seubert

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Christian Seubert

9. *Father's Occupation* Sawyer

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Katie Dimmick

Address, 8A Sandenhall St

Remarks,

1892 0004621

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2 Dec 1892
4. *Place of Birth, (Street and Number)*	924 Warren st
5. *Full Name of Mother,*	Mrs. J. W. Jackson
6. *Mother's Maiden Name,*	Louisa Schleenberger
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Wm Jackson
9. *Father's Occupation*	Boat Maker
10. *Father's Birthplace,*	Cambridge Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bayne
Address,	7 W Brown St.
Remarks,	

8920004822

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 22 '97
4. Place of Birth, (Street and Number)	1003 Hanover st
5. Full Name of Mother,	Christina Buckey
6. Mother's Maiden Name,	" Krueger
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Jacob Buckey
9. Father's Occupation	Can-maker
10. Father's Birthplace,	Frederick Md.
Name of Medical Attendant, or other person who makes this Return	C. L. Engelbrecht M.D.
Address,	418 S. Paca st.
Remarks,	

1892000 4823

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 1897

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 December 1892
4. Place of Birth, (Street and Number) 130 E Randall St
5. Full Name of Mother, Annie Walk
6. Mother's Maiden Name, Annie Walk
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Walk
9. Father's Occupation Steel Worker
10. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, C A Brooks
Address, 1528 Eutaw St
Remarks, Dairy Milk
1892000482 4

Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child been conferred, its sex, color, the full name and occupation of its parents, the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 14601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 23rd
4. *Place of Birth, (Street and Number)*	303 W. Saratoga
5. *Full Name of Mother,*	Mamie Rice
6. *Mother's Maiden Name,*	Mamie Hennemann
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	John F. Rice
9. *Father's Occupation*	Liveryman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	A. J. Goldsborough M.D.
Address,	418 S. Paca St.
Remarks,	

1892000 4825

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or keeper of the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 23d 1892

4. Place of Birth, (Street and Number) Sergent Street No 1245

5. Full Name of Mother, Georgeanna Adams

6. Mother's Maiden Name, Georgeanna Burch

7. Mother's Birthplace, England

8. Full Name of Father, Joseph Adams

9. Father's Occupation, Plaster

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Waters

Address, 1218 Bayard

Remarks,

1892 0 0 0 4 8 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 44613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 23 — 1892.
4. Place of Birth, (Street and Number)	1444 Patapsico st
5. Full Name of Mother,	Anna Lichelstiel
6. Mother's Maiden Name,	Kunze
7. Mother's Birthplace,	America
8. Full Name of Father,	Henry Lichelstiel
9. Father's Occupation,	Foreman
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return,	J. Lahrasser Midwife
Address,	1032 Hanover st
Remarks,	1892 0004827

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec 23 1892
4. *Place of Birth, (Street and Number)*	1624 Eutaw Place
5. *Full Name of Mother,*	Ella Gutman Hutzler
6. *Mother's Maiden Name,*	Ella Gutman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	David Hutzler
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	F. C. Chatard
Address,	516 Park Ave
Remarks,	

1892 U 0048228

RETURN OF A BIRTH. 44613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 23 - 92
4. Place of Birth, (Street and Number) 503 N. West St.
5. Full Name of Mother, Auguste Mueller
6. Mother's Maiden Name, " " Ullrich
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Mueller
9. Father's Occupation, Varnisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Gontrum M.D.

Address, 128 N. Lee St.

Remarks,

1892 00 04829

SCHEDULE. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 4616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W. Fe
3. *Date of Birth,*	23 December 1892
4. *Place of Birth, (Street and Number)*	531 E. Pratt ave
5. *Full Name of Mother,*	Kate Mc Cauley
6. *Mother's Maiden Name,*	Kate Lilly
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Mc Cauley
9. *Father's Occupation*	Engineer B&O
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	E A Brooker
Address,	1828 Eutaw Pl.
Remarks,	Dying Well

1892000 4630

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the [illegible] and within the period above required, and child to report its birth to the Commissioner of Health, in the [illegible] the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 47617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Emory Warfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec 24 1892
4. Place of Birth, (Street and Number) 212 E Biddle
5. Full Name of Mother, Rebecca D Warfield
6. Mother's Maiden Name, Rebecca Dennison
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry M Warfield Jr
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. F E Chatard

Address, 516 Park

Remarks, GIVEN NAME ADDED 12-3-57

1892000048 31

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 44618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

JAN 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24th Dec 1892
4. Place of Birth, (Street and Number)	309 Pearl St
5. Full Name of Mother,	Maggie Gore
6. Mother's Maiden Name,	Maggie Bien
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fred. Gore
9. Father's Occupation,	Driver
10. Father's Birthplace,	Lynn Massachusetts
Name of Medical Attendant, or other person who makes this Return,	Chas Hunter
Address,	Chas Hunter
Remarks,	23 N Population St

1 0 9 2 0 0 0 4 8 3 2

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1898

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Dec.
4. Place of Birth, (Street and Number) Canton Ave. 2124
5. Full Name of Mother, Augusta Tadaeuki
6. Mother's Maiden Name, "
7. Mother's Birthplace, Poland
8. Full Name of Father, John Tadaeuki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotyka

Address, 806 C Ann St.

Remarks,

1 8 9 2 0 0 0 4 8 3 3

E. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 December 1892
4. *Place of Birth, (Street and Number)*	515 E Charles St
5. *Full Name of Mother,*	Elizabeth V Tulleys
6. *Mother's Maiden Name,*	Elizabeth Carr
7. *Mother's Birthplace,*	Easton
8. *Full Name of Father,*	Daniel W Tulleys
9. *Father's Occupation*	Liver
10. *Father's Birthplace,*	Dorchester Co
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	532 Light St
Remarks,	Dairy Well

1892000048 34

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered under fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 44621.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	December 24th 92
4. *Place of Birth (Street and Number),*	902 Hopkins Ave
5. *Full Name of Mother,*	Ella M Thomas
6. *Mother's Maiden Name,*	Ella M Hunter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mathew J Thomas
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary E Price
Address,	1630 Ashland Ave
Remarks,	

The Physician or Midwife in attendance shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1892000044621

RETURN OF A BIRTH. A 44677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theresa ~~Elisabeth~~ Link

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 25, 1892
4. *Place of Birth, (Street and Number)* No. 1802 N. Dallas St.
5. *Full Name of Mother,* Teresa Link
6. *Mother's Maiden Name,* Teresa Trenner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Link
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1241 Harford Ave.

Remarks, GIVEN NAME ADDED 7-28-52

1892000048374

1893

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2nd
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Dec. 25, 1892
4.	*Place of Birth, (Street and Number)*	578 W Pennsylvania
5.	*Full Name of Mother,*	Mary Bailey
6.	*Mother's Maiden Name,*	" Mackabee
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Thos F. Bailey
9.	*Father's Occupation,*	R. R. Engineer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	O. Edward Janney M.D
	Address,	837 N. Eutaw st
	Remarks,	

1892 0004037

Feb 3

Jul 3

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULLEY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 25 1892
4. *Place of Birth, (Street and Number)*	622 W Lombard St
5. *Full Name of Mother,*	Edith Brown
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J M Lawson M.D.
Address,	622 W Lombard St
Remarks,	

1692000483 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. 44638.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 25th 1892
4. Place of Birth, (Street and Number)	1604 Aisquith St
5. Full Name of Mother,	Rosa E. Mehling
6. Mother's Maiden Name,	Rosa E. Eberle
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Thos. Mehling
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	A. Gstalder
Address,	1307 N. Central Ave.
Remarks,	

1892 00046639

Wm J C. Dulany Co., City Printers and Stationers.

...contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed, by of the Commissioner of Health. In case the birth of any be in third day of each and every month to the office of practitioner of midwifery, or should no other person of such shall occur without the attendance of a physician after it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44626.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 25 - 1892
4. *Place of Birth, (Street and Number)*	N° Fulton Av N° 192
5. *Full Name of Mother,*	isabell Schwartz
6. *Mother's Maiden Name,*	isabell Mc calister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Schwartz
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	N° 1922 Wilkins Av
Remarks,	

1892 0004840

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

C 44677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 - 8 Colored.

1. Sex, (state whether male or female) Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 of Nov 1892

4. Place of Birth, (Street and Number) 618 Barbertor

5. Full Name of Mother, Mary Bent

6. Mother's Maiden Name, Rubeck

7. Mother's Birthplace, Germany

8. Full Name of Father, August Bent

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm L Evans

Address, 1917 E Monument St.

Remarks,

1892 00 0 4 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec 25 1892
4. Place of Birth, (Street and Number) 11 N Preston
5. Full Name of Mother, Mary Ling Santos
6. Mother's Maiden Name, Mary L Long
7. Mother's Birthplace, Balto
8. Full Name of Father, Alexander Santos
9. Father's Occupation, —
10. Father's Birthplace, South America

Name of Medical Attendant, or other person who makes this Return. J. C. Blatford

Address, 516 Park

Remarks,

1892000 4842

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec 26. 92
4. *Place of Birth, (Street and Number)*	1240 E Monument
5. *Full Name of Mother,*	Sarah J. Graham
6. *Mother's Maiden Name,*	Sarah Sutherland
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John A Graham
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	F. E Chatard
Address,	516 Park
Remarks,	

+ 8 9 2 0 0 0 4 8 4 3

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the month, and shall record its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Dec 26
4. *Place of Birth, (Street and Number)* 805 Mulberry St
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J M Lawson M.D.

Address, 622 W Lombard St.

Remarks,

1892000 4314

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 11-9-57

RETURN OF A BIRTH. #4631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harriett ~~Lawrenia~~ Curtis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 26 1892
4. Place of Birth, (Street and Number) King St. cor Green
5. Full Name of Mother, Ino Curtis,
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J M Lawson M.D.

Address, 622 W Lombard St.

Remarks,

1 6 9 2 0 0 0 4 8 4 5

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L 44637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 26th 1892
4. Place of Birth, (Street and Number) 1512 E. Fayette Street
5. Full Name of Mother, Catherine G. Turner
6. Mother's Maiden Name, Catherine G. Williamson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robt. T. Turner
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Statson

Address, 1301 N. Central Ave

Remarks,

B 9 2 0 0 0 4 8 4 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 44633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 December
4. Place of Birth, (Street and Number) 513 N. Leusbrest
5. Full Name of Mother, Anna E. Dähnke Mehrhoff
6. Mother's Maiden Name, Anna C Dähnke
7. Mother's Birthplace, Quakenbrück (Germany)
8. Full Name of Father, George H. Mehrhoff
9. Father's Occupation Shipping clerk
10. Father's Birthplace, Quakenbrück (Germany)

Name of Medical Attendant, or other person who makes this Return, Mrs V. Bange

Address, 711 Cross St.

Remarks,

1892000 1647

Every birth which shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 44630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 26th,
4. Place of Birth, (Street and Number) No. 681 Columbia Ave,
5. Full Name of Mother, Annie Wolfelberger,
6. Mother's Maiden Name, Zeapp.
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Wolfelberger,
9. Father's Occupation, Silversmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Smith & Edenhofer

Address, No 724 Columbia Ave.

Remarks,

1892000044848

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 44635.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 26 December

4. *Place of Birth, (Street and Number)* 117 west Hamburg st

5. *Full Name of Mother,* Hagen Weaver

6. *Mother's Maiden Name,* Schmidt

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Weaver

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Allinder

Address, 80 Leadenhall St

Remarks,

692000 18 49

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 44636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 3 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 26th 1892

4. Place of Birth, (Street and Number) 1516 Williams Street

5. Full Name of Mother, Katie Smith

6. Mother's Maiden Name, " Klein

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Smith

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. G. McGregory

Address, 1846 Ramsey St

Remarks,

1 8 9 2 0 0 0 4 8 5 0

Estimate under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173-3 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

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REEL ENDS WITH 1893-084850

BY Linda Wells
(SIGNATURE OF OPERATOR)

DATE 8/9/78

PS - 827

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION